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INDEX TO VOL. XVIII.

PAGE

Abortion, Habitual, and Kidney disease 177
Abortion, Viburnum Prunifolium in 269. 282
Acne, Arsenic Bromide in 304
Acne, Nature and treatment 310, 351
Acupuncture 371
Advertising, Unprofessional 153, 344
Albuminuria and Mercury 180
Albuminuria, Chloral in 182
Albuminuria, Diet in 308
Albuminuria, Post mortem 217
Alcohol as Medicine 119
Alcohol, Beer, Coffee, etc., in Digestion 246
Alkalies, Action of on Aloes 283
Alopecia, Ointment for 314
,, Formula for 342
Amenorrhœa, Permanganate in 155, 267
Amenorrhœa, Santonin in 219
American Health Association 216, 346
Amputation at Knee-joint, Stephen Smith's 180
Amputation, Sub-periosteal, by Dr. Fulton, Toronto. 163
Anæmia, Arsenic in 22
Anæmia—DaCosta on 310
Anæmia, Reduced Iron in 60
Aneurism, Pot. Iod. in 278
Angina, Formula for 348
Angina, Nature and treatment of 244
Angina Pectoris, treatment of 172
Anodyne, Cutaneous 118
Anodynes, Pelvic 125
Anorexia of Pregnancy 278
Anthrax and Carbuncle, Ammonia in 211
Antidote Bag 91
Antiseptics, Billroth's views 133
Antithermic Remedies, dangers of 144
Appointments 29, 61, 91, 124, 157, 218, 283, 317, 346, 374
Arsenic Bromide, solution of 125
Asphyxia of New-born Children, treatment of 241
Asthma, Pyridine in 51
Asthma, treatment of 212
Asthma, treatment of Paroxysm 182
Astringent for Urinary tract 150
Bacteria 215
Bandage, New, for Shoulder, etc 237
Beef-tea 302
Bladder, Atony of, Chronic 86
Bladder, Inquire into condition of 46
Bladder, Over-distended 149
Blister, Rapidly 118
Blood, The, in Typhoid Fever 148
Boils, treatment of 348
Books and Pamphlets 30, 61, 92, 125, 157, 189, 190, 221, [253, 284, 318, 348, 375
Bowel Complaints, Calomel in 85
Bowels, Obstruction, operation 50
Bright's Disease, Lemons in 118
Bright's Disease, New researches in 145
British Diplomas 29, 125, 189, 219, 317
Burns, treatment of 308
Calcium Chloride in Glandular diseases 251, 309
Calculi, Removal of 268
Calculus of Female Bladder, by J. R. Hamilton, M. D., Attwood, Ont 11
Calculus, Renal, Nephro-lithotomy 18
Calomel as a Diuretic 274
Cancer, Origin of 338
Cancer, treatment (Gen. Grant's case) 49
Cancer, Uterine, Palliative treatment 21
Cannabis Indica as a Narcotic 148
Carbolic Acid internally 246
Carbuncles, treatment of 276
arcinoma of the Liver, etc., Medullary 357
astor Oil Mixture 125

PAGE

Catarrh 52, 210
Cerebral Surgery 114
Chancroids, treatment of 347
Cheyne-Stokes Respiration 186, 197
Chlorate of Potash, uses of 316
Chloroform vs. Ether 14
Cholera Infantum, treatment of 314
Cholera Morbus, treatment 50
Chorea, Anomalous case, by D. Inglis, M.D., Detroit, Mich 9
Chorea, Hyoscyamine in 177, 316
Circumcision under Cocaine 341
Class-room Notes, Philadelphia 111
Cleft Palate, Operation for 252
Cocaine, Artificial 347
Cocaine 113, 155
Cocaine, in Removal of Tonsils 217
Cocaine, Poisoning by 250
Coffee, another use for 310
Colic, Biliary, Jaundice and pain in 85
Collodion Iodine, Caution 316
Conjunctivitis, treatment of 250
Consanguinity in Marriage 360
Constipation, Persistent 156
Consumption, Curability of—Fothergill 170
Consumption, treatment—DaCosta 110
Contagious Diseases, Reporting 189
Convulsions, Morphine in 309
Cord, when to tie 305
Coroners 61, 91, 125, 189, 220, 374
Corpuscle or Blood-plaque, The Third 364
Correspondence—
New Brunswick Medical Act 12
Another Resident Physician 13
Glengarry 13
Filaria Sanguinis Hominum 40, 71
Meddlesome Midwifery 72
Hair in Bladder 73
Use of the Forceps 73
Antipyrin, Unpleasant effects of 138
Anti-Humbug 139
Morphine in Puerperal Eclampsia 166
Koumiss 166
Exomphalus, Case of—J. S. Sprague 167
P. A. Dewar 200
George S. Herod 201
G. Schmidt, M.D., New Hamburg, Ont 230
M.D 231
A. M. Shaver 258
Old School 291
Unprofessional Conduct 322
Medicus 358
Coryza, Acute 117
Coryza, treatment of 307
Cough Mixture for Children 253
Cough, Winter, pure Terebene in 219
Croup, Eucalyptus and Turpentine in 220
Dandruff, Lotion for 252
Danger, The Doctor's peculiar 213
Deafness from Salicin and Quinine 188
Deafness, Operation for 245
Debility, Sexual 189
Delirium in Bright's Disease 150
Diabetes, Diet in 308
Diabetes Mellitus, Boracic Acid in 219
Diabetes, Valerian in 284
Diabetes, Vinegar in 124
Diagnosis, Methods of—Lawson Tait 201
Diarrhœa, Chronic 117
Diarrhœa of Infants 23
Diarrhœa, treatment of 53, 273
Diet, Some Fallacies in regard to 366

INDEX TO VOL. XVIII.

	PAGE
Diet, The Milk	151
Digitalis, Uses of—Symington Brown	203
Diphtheria, Corrosive Sublimate in	338
Diphtheria—Dr. Corbin	208
Diphtheria, Iodine in	86
Diphtheria, Outbreak of, by G. T. McKeough, M.D., etc., Chatham, Ont	191
Diphtheria, Tolu Varnish in	210
Diphtheria, treatment of	178
Diphtheria, treatment of—DaCosta	204
Diphtheritic Paresis	242
Disease, Physiognomy of	143
Diseases of Placenta and Cord due to Syphilis	175
Disinfectant for Hands, best	112
Disinfectants, Experimental Truth in, by Dr. Workman, Toronto	159
Disinfection of Dwellings	341
Doctors' Bills, Why sometimes unpaid	144
Drinking Water, to Purify	213
Dropsy, Saline Solutions in	179
Drugs, Too many	279
Duodenal Perforation, Notes on, by M. Davison, M. D., Florence, Ont	227
Duty of Physicians as to Patented articles	169
Dysentery	28, 314
Dysmenorrhœa, etc., Zinc Phosphide in	112
Dyspepsia, Atonic	113
Dyspepsia, Carbolic Acid in	278
Dyspepsia, Papain in	341
Dyspnœa, Ice in	348
Ear-ache, Atropine in	303
Eczema, Chaulmoogra Oil in	246
Election, Ontario Medical Council	251
Empiricism in Medicine	248
Entero-Colitis	115
Epilepsy, Brown-Sequard's Mixture for	274
Epilepsy, Therapeutics of	361
Epistaxis, treatment	29, 54
Epithelioma, Resorcin in	220
Eruptions due to certain Medicines	180
Erysipelas and Puerperal Fever, Relation between, by J. E. Jenner, M.D., Picton, Ont	63
Erysipelas, Blood-letting in	182
Erysipelas, treatment of	111, 118
Ether, Hæmostatic or Styptic	116
Ethics in Surgical Operations	249
Ethics, Letter and Spirit of	305
Ethyl, Bromide, in Second stage of Labor	220
Eucalyptus, Value of	125
Excision of Hip	147
Excision of Knee-joint, Improvement in	175
Extension, Result of, in Fractured Femur	307
Eye Affections and Spinal Curvature	182
Eye, To Remove small bodies from	214
Eye, Transplantation of Rabbit's	60
Favus, treatment of in adult	212
Fehling's Test, Modification of	342
Fever	312
Fever, Electricity in	309
Fever, Typhoid, Early Diagnosis	22
Fibroid Tumors, Removal, by J. H. Carstens, M.D., Detroit, Mich.	255
Field, A, for our Anatomists	185
Fistula-in-Ano, Rapid cure of	333
Flooding, Strychnine in	253
Food, its Quantity and Quality	372
Forceps, Advantages of different	242
Foreign Bodies in Eye, Removal of	315, 347
Formulæ, Useful	303
Fracture-Box, improved	22
Fracture near a Joint	176
Fractures, False Doctrines in treatment	15
Freckles, Removal of	278
Friedrichshall Water, Uses of	314
Frost-bitten Fingers and Toes	150

	PAGE
Frozen persons, treatment of	245
Gangrenous Intestine, treatment of	149
Gastric Catarrh, treatment	53
Generosity, Vicarious	271
Globes, Diseased, Enucleation of	91
Glue, Liquid	284
Glycosuria, Buckwheat Flour in	219
Gonorrhœa	91, 252, 305
Gout, Edinburgh Mixture for	86
Gout, Iodoform in	211
Gouty Joints, Lotion for	219
Granular Eyelids	273, 308
Hæmatocele, Pelvic	83
,, ,, Galvano-puncture in	117
Hæmoptysis, Ipecac. in	60
Hæmoptysis, treatment of	315
Hæmorrhage, Uterine, Gossypium in	212
Hæmostatic Agent, New	118
Halifax Medical Staff	249
Headache Cured by Salicylate of Sodium	365
Headache, Valuable remedy for	146
Health Officers, Local	56
Heart, Dilatation of	278
Heart Disease, New remedies in	299
Heart-tonic, New	212
Hemorrhage after Abortion, by S. S. Murray, M.D., Thorndale, Ont	36
Hemorrhage, Nasal	317
Hemorrhoids	24, 247, 252
Hepatic Diseases, Diagnosis of	294
Hepatic Disorders, Fothergill on	266
Hepatitis, Acute, Suppurative, by Thos R. Dupuis, M.D., Kingston, Ont	319
Hernia, Radical cure	58
Hernia, Strangulated, Elastic Bandage in	21
Hernia, Strangulated, Ether in	307
Hiccough, Ergot for	124
Hiccough, treatment of	150
High Temperature, Therapeutics of	235
Hoarseness, Borax and Nitre in	52
Homœopaths in Brit. Med. Association	24
Hydrastis in Uterine troubles	150
Hydrocele, treatment	50
Hydrophobia Inoculation	156
Hydrophobia, Inoculation for	124
Hydrophobia, treatment of by Sweating	347
Hymen, Imperforate, treatment	282
Hyperidrosis, treatment of	220, 374
Hypertrophy of Heart	214
Hypnotic, A New	154, 251
Hypodermic Injection of Defibrinated Blood	181
Hysterectomy—Keith	208
Illustrations	13, 38, 83, 137, 167, 205, 238, 287, 338
Impotence, Functional, treatment of	179
Indigestion, Carbolic Acid in	214
Indigestion, Dietary in	296
Indigestion, Gastro-intestinal	54
Indigestion, New cure for	52
Infantile Paralysis, Massage in	250
Infection, Tubercular	278
Insanity and its Medico-Legal aspects, by John H. Arton, M.D., Winnipeg	127
Insanity, Sutherland on	262
Insomnia	53, 156, 244
Intestinal Obstruction, by A. B. Atherton, M D., Toronto	131
Intestinal Obstruction, Effervescent Enemata in	251
Iodine and its Salts, Administration	124
Iodine Carbolate Inhalant	124
Iodoform, Odorless	60
Iodol in Surgical Operations	114
Itching, Lotion for	253
Items	367–370
Keratitis, Salicylate of Eserine in	219
Kidney, Cystic, Removal of	61

INDEX TO VOL. XVIII.

PAGE

Kidney, Notes on Surgery of, by Lawson Tait, M.R. C.S., Birminghani, Eng. ... 31
Knee-joint Affections, Iodoform in ... 244
Labor, Premature, Induction of ... 21
Lactation, Artificial, in Uterine Diseases, by J. Stimson, M.D., Plum Creek, Neb ... 70
Lactic Acid, Action on Morbid Growths ... 217
Laparotomy Epidemic ... 312
Laryngeal Tuberculosis, Lactic Acid in ... 53
Laryngitis, Tubercular, Lactic Acid in ... 123
Laryngitis, Tubercular, Menthol in ... 314
Lead-poisoning among Sewing Women ... 176
Leprosy in New Brunswick ... 152
Leucorrhœa from Roller-skating ... 180
Leucorrhœa, treatment of ... 54, 310
Ligatures, Intra-peritoneal, Absorption ... 84
,, Subcutaneous, of Brachial Artery ... 86
Litholapaxy, Cocaine in ... 52
Lithotomy, Supra-pubic, and Suturing the Bladder ... 141
Liver, Medicines which Stimulate ... 206
Locomotor Ataxia, Clinic by H. C. Wood, M.D., Philadelphia ... 106
Lung Test in Infanticide ... 362
Malaria, Arsenic with Quinine in ... 182
Mammary Abscess, Prevention of ... 205
Mammary Functions of the Skin in Lying-in Women ... 365
Manitoba University Examinations ... 346
Mankind, Physical Improvement of ... 87
Massage, as a Therapeutic agent ... 328
Medical Act Amendments, Ont. ... 123, 253
Medical Act, British Columbia ... 281
Medical Act vs. Quackery ... 55
Medical Aid to Women in India ... 51
Medical Association, British ... 89
Medical Association, Canada ... 27, 57, 317
Medical Association, Ont. ... 188, 281, 315, 345
Medical Association, St. Louis, Delegates to ... 251
,, ,, Woodstock, Officers ... 188
Medical Banquets ... 121
Medical Congress, International ... 59
Medical Council, British Columbia ... 317
Medical Council of Ontario ... 218, 284, 345
Medical Examinations, Quebec ... 373
Medical Notes ... 113, 181, 243, 271, 303, 340, 363
Medical Society of N. Y. State ... 218
Medicated Vapors, Easy method of Inhaling ... 271
Medicine, Evolution in ... 214
Medicine, How to advance ... 207
Melancholia, Valerianates in ... 220
Membrana Tympani, Artificial ... 182
Menstruation, Vicarious ... 275
Mercury, Action of, on Blood ... 212
Metric System ... 218
Microbial Infection, Opposition to Theories of ... 366
Midwifery, Meddlesome ... 25
Midwifery Practice after Exposure to Sepsis ... 155
Milk, Influence of Drugs on ... 207
Morphiomania, Contributions to Study of ... 241
Mortality in the Medical Profession ... 346
Mussel Poisoning ... 283
Nævus, Sodium Ethylate in ... 50
Nephritis, Chronic, Milk Diet in ... 273
Nerve Suture ... 178
Neuralgia, Am. Muriate in ... 29
Neuralgia, Carbon Disulphide in ... 212
Neuralgia, Neuber's method in ... 304
,, Iodoform Collodion in ... 341
,, Local Applications for ... 341
,, Pelvic, treatment of ... 308
Neuralgia of the Trigeminal Nerve, by T. Ovens, M. D., Arkona, Ont ... 69
Newly-born, Hygiene of ... 299
New Orleans Exposition ... 29
Night-sweats, Ergot in ... 60
Night-sweats, treatment ... 84, 116

PAGE

Nipples, Fissured, Cocaine in ... 124
Nocturnal Incontinence of Urine, Belladonna in ... 257
Notes and Comments ... 373–375
Notes, Queries, and Replies ... 220, 317, 375
Notes, Therapeutic ... 277
Nurses, Trained ... 120, 215
Nux Vomica, Therapeutics of ... 240
Obituaries—
Dr. A. Jackson, Quebec ... 28
Dr. E. A. Vail, Sussex, N. B. ... 28
Dr. W. G. Metcalf, Kingston ... 28
Dr. W H. McDonald, Toronto ... 28
Dr. J. Mackiesen, Charlottetown, P. E. I ... 58
Dr. Wm. Marsden, Quebec ... 157
Dr. Robert Douglas, Port Elgin ... 189
Ointment, Maury's ... 252
Operations, Comparative Results, in Bellevue Hospital, N. Y. ... 76
Otorrhœa in Children ... 339
Ovarian Menorrhagia, Bromide in ... 253
Ovariotomy—Dr. Fenwick ... 290
Ovariotomy in Berlin ... 16
,, Double, Advisability of, etc ... 19
Ovariotomy, Ligature in ... 155
Ovariotomy — Recovery, by J. E. Brouse, M.D., Brockville, Ont ... 102
Ozœna, Nature and treatment of ... 146
Ozœma, Reliable Remedy for ... 211
Palmar Ganglion ... 174
Panama Canal ... 60
Paraldehyde, Administration of ... 156
Paraldehyde as a Hypnotic ... 91
Paraldehyde in place of Chloral ... 110
Paralysis, Diphtheritic, Strychnine in ... 95
Paralysis, Facial ... 213
Parotitis after Ovariotomy ... 253
Parturition, Influence of Cimcifuga upon ... 147
Passage of Pen-knife through Bowels ... 245
Pasteur Forestalled ... 187
Patella Splint, New ... 173
Pediculi, treatment of ... 251
Pelvic Abscess, treatment of ... 206
Pericarditis—DaCosta ... 246
Perineum, Indications for Immediate Closure of ... 335
Perineum, Ruptured, Operation for ... 287
Peritonitis, Symptom of ... 277
Pertussis, Henoch on ... 306
Pessaries ... 275
Pessaries, Indications for, etc ... 297
Pessary, Modified, etc., by W. W. Turver, M.D., Parkdale, Ont ... 38
Phimosis Forceps ... 205
Phthisis, treatment of by Carbolic Acid ... 272
Pirogoff's Operation, Modification of ... 340
Placenta Previa ... 172, 269
Plaster Bandage, Removal of ... 60
Plastic Operation—Bell ... 116
Pleurisy, Acute—DaCosta ... 274
Pleurisy, treatment of at Bellevue ... 276
Pneumonia, Antimonials in ... 179
Pneumonia, Calomel treatment ... 123
Pneumonia, Ether Hypodermically in ... 115
Pneumonia, Pilocarpine in ... 28
Pneumonia, Quinine in ... 210
Pneumonia, treatment—DaCosta ... 110
Pneumonia, Nature and treatment of ... 183, 365
Polypi, Nasal ... 54, 314
Pot. Iodide and Belladonna ... 117
Pot. Iodide, Milk as a Vehicle ... 29
Pregnancy, Hygiene of ... 308
Profession, Growth of—Dr. Osler ... 65
Pruritus of Pregnancy, Pilocarpine in ... 214
Psoriasis, Antimony in ... 283
Psoriasis, treatment of ... 24

INDEX TO VOL. XVIII.

PAGE

Puerperal Eclampsia, Pilocarpine in, by J. Campbell, M.D., Seaforth, Ont. 229
Puerperal Eclampsia, Relations of to Bright's Disease 336
Puerperal Eclampsia, treatment of. 149
Puerperal Fever, Prevention of. 300, 301
Pulmonary Gangrene, Carbolic Acid in. 220
Pustule, Malignant, Recovery from. 147
Pyrosis, Powder for. 284
Quinine by Inunction. 178
Quinine, Subcutaneously. 111
,, and Tannic Acid. 125
Quinsy, Cure for. 252
Rabies, Symptoms of, Pasteur. 243
Raymond's Disease. 20
Rectal Medication and Alimentation. 311
Rectal Procidentia, Nux Vomica in. 214
Regurgitation, Tricuspid, New signs of. 277
Removals. 91, 125, 284
Rheumatism, Acute. 278
,, Acute, treatment. 46
Rheumatism, Chronic, treatment of. 233
Rheumatism, Gonorrhœal. 317
Rheumatism in Vinegar Manufacture. 155
Rheumatism, Salicylate of Lithium in. 282
Rheumatism, Turkish Baths in. 24, 90
Rhinitis Atrophica, by G. Sterling Ryerson, M.D., etc., Toronto. 136
Salivation of Pregnancy, Smoking in. 310
Sanitary Work, Value of. 27
Sea-sickness, Cocaine in. 219
Sea-sickness, Remedies in. 272
Secret Proprietary Medicines. 343
Scabies, treatment. 156
Scarlatina, White Streak in. 270
Scarlet Fever, Agents in. 52
Scarlet Fever, treatment of. 213
Schultz's Method of Resuscitation. 149
Shock, and its treatment. 181
Skin Diseases, Boro-glyceride in. 49
Skin Diseases, Spray in. 148
Sleeping-apartments, Disinfection of. 209
Sleeplessness. 253, 358
Smallpox in Montreal. 29
Smith, Dr. Heywood, and the Stead Case. 218
Society Reports—
Canada Medical Association. 40, 347
New Brunswick Medical Society. 44
Medico-Chirurgical Society, Montreal. 73, 167, 231, 258
Hamilton Med. and Surg. Society. 75, 139, 168, 232, 327
Brant Med. Association. 141
Huron Med. Society. 168
Ontario Medical Association. 322
Ontario Medical Council. 325
Toronto Medical Society. 347
Sore-mouth, Nursing. 22
Sore-throat, Diphtheritic. 125
Sparteine in Heart Affections. 282
Sphincter Ani, Subcutaneous Division of. 210
Spine, Periostitis of. 115
Spleen, Function of. 219
Sponge, a Mustard. 310
Sponges, How to prepare. 47
Spray, Suspension of, in Surgery. 117
Stammering, Cure for. 156
Steak, Salisbury. 86
Stimulants, Craving for. 182
Stricture of Urethra, Electrolysis in, by J. Workman, M.D., Toronto. 1

PAGE

Subinvolution of the Uterus. 150
Sunstroke, Artificial Respiration in. 274
Sugar, Test for. 315
Surgery, Cerebral, Principles of. 302
Surgery, Chiene's Contributions to. 209, 259, 292, 330
Surgical Cases in N. W. Campaign, by A. J. Horsey, M.D., Ottawa. 223
Syphilis, Contra-indications to Mercury in. 304
Syphilis of the Brain. 309
Tænia, Male Fern in. 239
Tapeworm, Chloroform in. 51
Tea-drinkers' Diseases. 363
Tetanus from Tooth Extraction. 289
Thermometer, New. 90
Thyroid Body, treatment of Enlargement of. 304
Thyroid Gland, Function of. 47
Tongue, The, in Disease. 273
Tonsils, Chronic Enlargement of. 274
Tonsils, Removal of. 20
Toothache, Pilocarpine in. 348
Tuberculosis, Congenital. 308
Tuberculosis, Prevention of. 274
Tumor of Corpora Quadrigemina. 45
Tumors, Malignant, of Nose. 309
Tumors, Vascular, treatment of. 274
Turpentine for Removal of Insects from Ear. 283
Typhoid, Abortive treatment of. 188
Typhus Fever, Carbolic Enemata in. 275
Typhoid Fever, Eucalyptus in. 109
Typhoid Fever, treatment, by G. T. McKeough, M. D., Chatham, Ont. 34
Typhoid Fever, treatment of. 273
Ulcer, Gastric. 283
Ulcer, Perforating, of Hand. 118
Ulcers, Naphthalin in. 214
Urinary Affections, Santal in. 301
Urination, Supra-pubic. 194
Urticaria, Menthol in. 310
Uterine Catarrh, Iodoform in. 278
Uterine Diseases, Dry treatment of. 264
Uterine-extra—Fœtation. 60
Uterine Fibroids in the Negress. 53
Uterine Hemorrhage, treatment of. 301
Uterine-intra, treatment. 48
Uterine Myoma, Modern treatment. 108
Uterus, Extirpation of. 321
Vaccination after Exposure. 85
,, Argument for. 116
Vaccination after Smallpox. 245
Varicose Veins. 239, 267
Venereal Diseases, treatment. 51
Vomiting, Buttermilk in. 253
,, of Pregnancy, Ether in. 316
Warburg's Tincture, Formula. 123
Warburg's Tincture in Canadian Practice, by J. H. Duncan, M.D., Thamesville, Ont. 100
Warts of Penis, treatment of. 52, 156
Water-compress. 244
Water, New method of Testing. 90
White Swelling of the Knee. 364
Whooping-cough. 47, 252
Winter-tire. 307
Worms, Powder for. 310
Yellow Fever and Malaria, Identity of, by Vieira de Mello, M.D., Rio de Janeiro. 104
Zymotic Diseases in Relation to Man, by J. A. Grant, M.D., F.R.C.S. Lond., Ottawa. 95

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, SEPT., 1885. No. 1

BOSTON MEDICAL LIBRARY ASSN. MAR 26 1887

Original Communications.

STRICTURE OF THE URETHRA TREATED BY CHEMICAL GALVANO-CAUSTIC, OR ELECTROLYSIS.

BY DR. CARLOS BETTENCOURT, OF PERNAMBUCO.

(Translated from the Portuguese of Uniao Medica.)

BY JOSEPH WORKMAN, M.D., TORONTO.

Electrolysis has been employed in the cure of strictures of the urethra, aneurisms, and various tumors. In 1807, Davy tried to destroy a fillet of muscular fibres with a pile of 150 elements, noting in its rapid decomposition alkalies at the negative pole and acids at the positive. Here were established the primary lineaments of the method, which Nelaton called electrolysis, and Iripier chemical galvano-caustic. After the celebrated experiment of Davy, some time having elapsed, Pravaz, Ciniselli (of Cremona), Broca, Nelaton, Velpeau, and numerous other celebrated surgeons, employed the method to destroy tumors and urethral strictures. Before, however, thinking of the application of galvanism, numerous empirical experiments relating to surgery were made; but the operatorial conditions being ill determined, and the interpretation of the results unsatisfactory, these investigations were abandoned. Between 1841 and 1848, Crussell, of St. Petersburg, wrote several memoirs on the electrolytic treatment of certain engorgements and tumors These works, in their plurality, are inedited, and are to be found in the archives of the Academy of Science in Paris. After some years of study of the method of cauterization, based on the analytic properties of the electric currents, Crussell renounced the thermo-galvanic method, and engaged in the study of *thermo-galvanic cauterization.* It is certain that this author had a confused view of the grand resources of electrolysis, and an extremely vague notion as to the idea of the surgical applications which might comport with this order of phenomena.

Ciniselli is the only one who won the honor and the clause of having brought electrolysis to a perfectly definite method, through having comprehended its mechanism and capabilities, regulating the processes of its construction, and leaving no hesitation as to the nature and extent of the services which it may afford. The surgical value of the method was not completely attained by Ciniselli. It was Tripier who had the merit of appreciating the advantage of negative chemical galvanism in the treatment of urethral strictures, basing his conclusions on considerations and facts of another order, and impressing them on his followers during his service in the hospital for children, in Paris, where certain scrofulous manifestations had been treated by the application of caustics, the result of which was judged of by the cicatrices produced. Soft and smooth cicatrices were attributed to alkaline applications, and hard and rough ones to acids, or the actual cautery. I set about studying experimentally," says Tripier, "the influence exerted on the cicatrix by the chemical origin of the wound;" he concluded from his experiments that chemical caustics give two principal sorts of cicatrices; the alkaline give soft cicatrices, which are but little, or not at all, retractile; the acid ones give hard and considerably retractile cicatrices; the negative pole of the pile gives cicatrices identical with those from alkalies; the positive pole gives cicatrices comparable to those from acids, and from the hot iron. Ciniselli precisely described the experimental conditions of a phenomenon, whose mechanism was first understood by him, from a series of facts observed with all the rigor of logic, and he thus became the creator of the method; Tripier, by assimilating the practical consequences of the facts empirically observed, and conjoining these consequences with preconceptions exclusively original, described the therapeutic indications of the method, with all scientific rigor.

The result of the investigations of Campos Bautista and Palomeque, in an inaugural thesis of 1870, fully confirm the proposition formulated by Mallez and Tripier, in relating their own experiments. Thus, then, negative electrolysis will be employed to destroy strictures of the urethra, and will furnish a soft, smooth and dilatable cicatrix;

the positive chemical galvanism will be used in the cure of aneurismal tumors and will give an albuminous coagulum. The attempts of Crussell and Wertheimber having failed to realise the idea of causing galvanism to act on urethral strictures, proved unprofitable. Their apparatus was imperfect, for the purpose of dissolving the peri-urethral engorgements, to which they ascribe the producing cause of the urethral contractions. The electrode of Mallez is a staff, terminating in an olive, or a cylinder, and it is covered, excepting at its point, over its whole extent, by a gum-elastic sound. This instrument is introduced by a conductor; its management is difficult. The author had the idea of furnishing it with a conducting sound, but for several reasons he gave it up. Dr. Jardin, his clinical assistant, had an instrument constructed under his own instructions, similar to the urethro tome of Maisonneuve—less the cutting blade—which was substituted by a rhomb of platinum, and had the catheter protected by a sheath of gum-elastic. This instrument is perfect; it acts well, and there is no fear of injuring the wall of the urethra. The author presented it to the Paris Academy of Medicine. In the course of the month of January, 1885, I tried some experiments, in which I employed the two instruments. I took a large piece of the muscles of the loin of an ox, containing a dense aponcurosis, which divided the piece into two portions. A tent-canula was introduced perpendicularly, making a traject which merely gave passage to a canulated catheter of Jardin. I passed the lamina along the sulcus far enough to come into contact with the muscular texture. The positive pole of the pile of Gaiffe was placed on the muscle at a distance of 10 centimeters; the negative pole was placed in communication with the electrode. The circuit was made with the positive electrode. The distance through which the lamina had to pass was 8 centimeters, in reaching the aponeurosis at the centre. At the end of six minutes it appeared at the opposite orifice, having traversed the space without resistance. Now we know that aponeurosis is a hard, fibrous composite of bundles of laminous and elastic fibres, which interlace and form a compressed web, sufficiently resistent, and comparable to the fibrous texture of the urethral stricture. The same experiment was made with the instrument of Mallez, which gave the same result, but not so promptly as the lamina of platinum. Another fillet of muscular fibres and aponeurotic tissue was encased by the metallic wire of our polypotome electrode, which is a modification of the constrictor of Maisonneuve, establishing the electric current; the primitive (positive) pole was put into communication with the instrument, contrary to the first experiment, and the negative pole with the muscle, thus making the circuit. The experiment lasted 40 minutes; the wire became lost in the muscular texture and the tendinous parts, but desiring to hasten the result, I broke it. In proportion as the wire decomposed the textures, a fume of sour and piquant taste was formed, coincidently with the liberation of the gases; this fume was quite saponaceous at the negative pole. From the dissection of the parts traversed by the electrode the disorganization of the textures was exhibited, and we were satisfied that positive chemical galvanism, by the process employed by us, is an incontestible fact, which can be realised by any physician. We employed this process in the extirpation of an extra-uterine polypus, before we had seen the book of Tripier—*Electrologia Medica*—which we received a good while afterwards.

Dr. Fort, when acting as a clinicist in Rio de Janiero, relative to failure in an operation by electrolysis, published in the *Gazette des Hopitaux*, of Paris, No. 54, an observation which we here introduce, together with the reply of Dr. Jardin, because they are both very instructive. Dr. Fort says, "since I practised chemical surgery in Brazil, I have operated a considerable number of times on strictures of the urethra. I employ *linear electrolysis*, on a large scale, according to the process of Dr. Jardin. In the present instance I would ask Dr. Jardin whether his instrument might not be modified, with the view of avoiding all possible failures? The lamina of platinum, not cutting, which destroys a point of the stricture, appears to me too small, and I think it might, without inconvenience, be enlarged in its depth to the extent of 3 millimetres. I deem this necessary, considering the thickness of the canal of the urethra and its relations with the corpora cavernosa in the upper part." The following are Dr. Fort's reasons given in demonstration of the utility of a modification of the lamina:

1st. In certain individuals the stricture presents some thickness of pathological texture, connected

with some dilatability of the strictured point. What happens? It is the fact that the electrode, whose lamina is not sufficiently projected, does not destroy linearly more than a part of the thickness of the pathological texture. After the operation a number 18 sound, of the scale of Charriera, is passed through, but sometime afterwards the old undestroyed tissue contracts anew, and thus is lost the benefit of the electrolysis, which ordinarily gives place to a soft, neurotractile cicatrix." Dr. Fort has observed several analogous cases, and he says that they are recognised by the reproduction of the stricture, which may be expected in a few months. "Let us then," he writes, "elevate the lamina of the electrode." "The *ecraseur*, combined with the chemico-galvanic cautery—a lacing of metallic (iron) wire, conducted by an isolator," says Tripier, "forming one electrode of a current whose circuit proceeds to closure in the vicinity—will operate simultaneously by crushing and cauterization. In the ablation of uterine polypi, for example, the ecraseur will be the positive electrode, in order to diminish the possibility of hemorrhage; in the ablation of pediculate hemorrhoids, it will be the negative electrode, in order to diminish the retractile tendencies of the cicatrix." That we may not be accused of plagiarism, this point calls for rectification. We have said elsewhere that Nelaton, in 1864, operated in this manner on a naso-pharyngeal polypus, but he availed himself of an apparatus consisting of a canula of guttapercha, containing two needles in its interior, which he implanted in the body of the tumor. The process employed by us is different. Reflecting on the result obtained by the rhomboid lamina of the electrolysor of Jardin, on stricture of the urethra, and considering that decomposition is made rapidly, without pain and without hemorrhage, we entertained the idea of extirpating this polypus by electrolysis. Some physicians, among whom is one of my friends, doubted the result. There stand the words of Tripier to convince them, once for all, of he reality of the process. Some also have doubted he action of electrolysis in urethral strictures, hinking that instead of decomposition there is divulsion, which in the hands of able surgeons has given excellent results, according to the reply of Dr. Jardin to Dr. Fort, when this surgeon said he had decomposed a stricture of the urethra in 25 seconds! Dr. Jardin affirms that in this short period of time electrolytic action does not come into existence.

2nd. In certain patients the stricture is short, probably not very thick, and possessing great elasticity. The lamina of platinum of the electrode traverses the stricture from before backwards; afterwards it passes, on withdrawal, in the inverse direction. The patient urinates better for some days, but relapse follows. If, in this case, the lamina were more elevated, a certain degree of tension would result in the strictured ring, and chemical destruction would be produced. Mr. J—— came to consult Dr. Fort in May, 1883, about a short stricture which allowed a number 9 sound to pass. "I treated it" he says "with the linear electrode of Dr. Jardin. During some weeks the patient was better. The symptoms became worse, and the stricture attained such a degree that it did not admit a No. 4 sound during the night of Friday. On the next morning the patient introduced a No. 6 sound. On Sunday morning I passed into his urethra a No. 8 sound, and left it in for an hour. Afterwards a No. 9 sound, during half an hour. I next passed a conductor and the canulated catheter, which fortunately reached the bladder. The lamina of platinum of the instrument of Jardin was applied against the strictured point, and the circuit was made. The operation lasted twenty-five seconds. I employed 18 elements of the pile of Gaiffe, making slight pressure on the ivory button of the electrode. The flow of urine is large enough, and everything leads to belief in the absence of reproduction" (of the stricture).

In our own operations we always avoid making pressure on the ivory button of the electrode in order to procure the decomposition of the pathological texture by the proper action of the chemico-electric current. Afterwards, and always when the lamina has passed rapidly, we take care to delay it at the level of the point of stricture, so that the contraction may be attacked both in front and rear.

PART SECOND.

CHEMICO-GALVANIC CAUTERIZATION WITHOUT A CONDUCTOR, OR ELECTROLYSIS BY THE PROCESS OF JARDIN.

"Traumatic strictures of the urethra justly pass as incurable," says Dr. Jardin. In reality we must

confess that the means employed, and particularly that of internal urethrotomy, by the process of Maisonneuve, have furnished insufficient results, and but of short duration. Valvular strictures have, almost always, for some time past, been treated by urethrotomy, with the cutting blade (lamina). In the first case—traumatic stricture—an operation is practised which gives a result only more than middling, and in the second—valvular stricture—an operation is performed of great gravity, to combat an insignificant lesion. It is from these considerations that we deem it useful to relate the history of a case of traumatic stricture, which we shall first give, and also of a valvular, one which was twice treated by incision, according to the process of Henrteloup, and which, having a prompt relapse, yielded completely to chemico-galvanism.

Early in December, 1880, J. D., a child of ten years, fell on his perineum, on the head of an iron bed. His mother observed a bloody discharge from the urethra, which stained his clothing. The history from the moment of the accident up to the day on which we saw him, is as follows: On the first day, urethral hemorrhage, fruitless trials of catheterism, cold compresses to the perineum, a hæmostatic potion. At the end of 20 hours the hemorrhage ceased. During the 8 days following, absence of blood in the urine, micturition rather free, though painful, absence of fever, extensive ecchymosis in the perineum, with infiltration of urine. Urethral hemorrhage, without appreciable cause, on the ninth day, but it was stopped by applications of ice to the perineal region. On the next day the little fellow was brought to the hospital for children, when catheterism was practised with a metallic sound, and then he was taken home. Douches were employed during three months, by advice of the physician. During this time micturition became constantly more difficult; the flow of urine became gradually thready, and finally came only in drops; rentention ensued, and urine passed only when engorgement was reached; this condition resulted in diurnal and nocturnal incontinence. It was in this state that the patient was presented to me on the 7th of July, 1883, 18 months, more or less, after the accident, in a state of considerable emaciation. He was constantly wet with urine, and in the urethra there was found, at the level of the bulbo-membranous region, a hard stricture, resistant and impassable. There was also an elongation of the prepuce with a marked constriction of its margin—a congenital phymosis. Catheterism was tried with filiform sounds during many days, without success in passing the stricture. Several vesical punctures were made in order to remove the great distension. From palpation of the perineum we formed a sufficiently exact notion of a hard and pretty long stricture, situate nnder the symphisis pubis. We then decided, without giving up the attempts at catheterism, with very fine whalebone sounds, to practise circumcision, which was effected on the 11th of July, 1883. As soon as he recovered from this operation he disappeared for three months. In the beginning of November catheterism was again tried, without success. We then resolved, in the middle of December, to make, in the forward part of the stricture, application of the chemico-galvanic cautery, without the conductor, of which Dr. Mallez made use on the occasion of the first applications made by him with Dr. Tripier, which had often given excellent results. This operation was practised on the 14th of December, 1883. The patient was subjected to chloroform. The galvanic cautery was introduced into the urethra. One of the extremities was placed in contact with the stricture, and the other with the negative pole of a pile of chloride of zinc, of Gaiffe, whilst the positive pole corresponded to the electrode placed on the thigh. A current from 18 elements was kept in action for 15 minutes. The milli-ampere showed 45 degrees. During these 15 minutes of action of the pile, the galvanic cautery penetrated a little into the texture of the stricture, which offered considerable resistance. We therefore took care not to exert much pressure, as it was our desire to modify only the forward part of the stricture so as to render it permeable to sounds. No attempt at catheterism was made after this sitting. The patient returned after six days, and we were able to pass a filiform sound, which was strongly grasped by the stricture. Catheterism was regularly followed up, two or three times a week, and at the end of January, 1884, we passed a number nine of the scale of Charriere. The incontinence became modified; the patient passed several hours without involuntary escape of urine, but the night incontinence persisted.

In the first days of February dilatation gave no further result. In presence of the impossibility of

continuing the dilatation, and encouraged by the advantages gained in the first sitting, from galvano-cautery, we decided on a second sitting, which took place on the 15th February, 1884. We performed it with our galvanic cantery with the running, not cutting, lamina, and the lamina chosen was the less size, that which, joined to the staff, corresponds to number 13 of the scale of Charriere. The selection of this small lamina was based on the idea which we entertained of the hardness of the stricture, and of its possible great extent. We thought we could, with a small lamina, run through the whole extent of the stricture, as slowly as might be necessary for establishing an eschar at all the points passed through. The sitting lasted twenty-three minutes; twenty elements of the pile of the bi-sulphate of mercury, of Chardin, were employed. The lamina traversed the stricture with sufficient facility, over the distance of a centimeter and a-half. After traversing the stricture, which was accomplished in four minutes, we drew back the sound to the most contracted point, and detained it there for 19 minutes, acting with 20 elements.

I introduce here a parenthesis, in order to reply to Dr. Fort, who, in No. 24 of the *Gazette des Hopitaux* of 8th May, 1884, published a case of stricture which was soon reproduced, and he attributed the failure to the instrument (the electrode) which, as he thought, had a platinum lamina that was not projecting enough. "Let us," says Dr. Fort, "elevate the lamina, and we shall avoid failures." We have only one reply to make to this remark; it is this: We are able to place, at will, in the canulated catheter of our instrument, any one of our seven rhomboid laminas of platinum, the least of which is equal to No. 13 of Charriere, and the others are of succeeding numbers.

Before speaking of the choice of a lamina, we, *en passant*, say that from the beginning of our applications of the chemico-galvanic cautery, we renounced the cutting laminas which we got constructed, as we wished to penetrate the texture of the stricture, and to detain our lamina there so as to produce an eschar with more certainty Internal urethrotomy had been complicated with electrolysis, and was effected in very bad conditions. We also renounced laminas fixed on the electrodes, an arrangement which might appear advantageous, but which in reality presents two inconveniences of great moment: In the first place it obliges us to withdraw the whole apparatus from the urethra, when it may be necessary to change the lamina; in the second place, and this is even of greater moment, it does not, in many cases, permit us to recognise the cause of the stopping of the instrument in the canal of the urethra.

But let us return to our selection of the lamina. Notwithstanding the great number we have, we use only the smallest, and avoid, as much as possible, large ones, the elevated, to which Dr. Fort appears to give preference. This decision has arisen from the large number of facts observed in our applications of chemico-galvanic cautery, practised in the canal of the urethra, and from the experiments made by us on living animals as well as on the flesh of these after death. We shall cite merely two capital facts which, alone, will justify our mode of thinking. We know that in our organism, the blood is one of the best conductors of electricity. If, by chance, in chemical galvanism, the platinum lamina, placed in contact with the texture of the stricture, becomes moistened by some drops of blood, the current will be turned away, and the phenomena of electrolysis which should be produced by those of chemico-galvanic cautery, are transferred to a point more or less removed from the stricture. Hence comes failure despite the elevation of the lamina of platina; because when an instrument penetrates, by an opening, into an irritated and congested mucosa, there is every probability of a hemorrhage, however insignificant. On the other hand, it may be believed that with an elevated lamina, the pressure on the texture of the stricture being stronger, the eschar produced will be deeper than that from a less elevated one. This idea is erroneous; because if the lamina be placed on a piece of flesh of an ox, and the circuit of a large electrode be closed in this flesh, it is seen that the extent and depth of the eschar is not proportioned to the pressure used; but merely to the time, and to the number of the elements put in action. From these considerations we think we may draw the conclusion that the failures we recorded in the commencement, and those communicated to us by Dr. Fort, were due to one of the causes we have now cited, and not to the imperfection of the instrument. Dr. Fort, in the observation published in the *Gazette des Hopitaux*, says, that in the second sitting, aided by an elevated lamina, he traversed the stricture in *twenty-five seconds* and with success. It

is possible that such an event happened : but in this case the success was due to a well made divulsion, since galvanic cauterization in 25 seconds is not possible, whilst direct divulsion has furnished fine results in the hands of able surgeons.

Let us now return to our subject. We practised, on the 15th of February, 1884, a sitting of 23 minutes, using twenty elements with the bi-sulphate of mercury. There was not a single drop of blood. The patient rested during ten days. He urinated copiously, and the diurnal incontinence disappeared. There were many nights in which involuntary escape did not occur. It is true that his mother always took care to rouse him at least once every night. On the 27th of February, 1884, we made another dilatation, and we repeated this operation afterwards three times weekly. The texture of the stricture seemed to have lost a little of its hardness, and this permitted us to advance, at the end of a week, to No. 13 of the scale of Charriere. In the course of the month of March both the daily and nightly incontinence ceased. The patient's health improved rapidly, and the dilatation was prolonged until May, when we decided on another sitting, under the chemico-galvanic cautery, in order, in the words of Tripier, to throw some more negative elements into the texture of the stricture, and consequently to diminish its tendency to retraction.

On the 9th of May, 1884, we had a new sitting of electrolysis, with 20 elements of the bi-sulphate of mercury. The lamina, employed, when joined with the catheter corresponded to No. 17 ; the stricture was traversed in three minutes ; afterwards, having conducted the lamina back to the level of the stricture, it was kept there for 17 minutes. There was complete absence of blood—a condition eminently favorable, even indispensible for securing direct action on the stricture. A number 15 was easily passed on the 19th of May. It is worthy of notice that after each sitting the child was exempt from all febrile reaction. Summing up : Here was a traumatic stricture—that is, one formed of fibrous textures, hard and unyielding—a condition justifying the qualification *incurable* as applied to this class ; but after three sittings under electrolysis, I succeeded in passing a No. 15, and the texture of the stricture became so modified that it lost the tendency to early retraction.

Let us now see some notes on organised and vulvular strictures which yielded to electrolysis after they had resisted the old processes. These observations are necessary in order to combat the erroneous and captious opinion of those who are disposed to regard the method as bad, and inferior to the old system. The words and facts of Drs. Jardin and Mallez, contained in these notes, are very convincing, and they enable the impartial reader to judge, and to weigh the different opinions with all rigor and critical exactitude. But first let us discuss the value of the method and contrast it with internal urethrotomy.

Colonel F—— presented himself to Dr. Mallez in March, 1881. He experienced extreme difficulty in the act of micturition, though the volume of the flow was not much diminished. He said this was the third time that such trouble had fallen to him. The first was in 1879, when he found extreme difficulty in voiding urine, and felt a sort of a point of stoppage in the canal, because of which he applied to Dr. Henrteloup, who diagnosed a stricture, and had recourse to his method of excision. For some months there was improvement, but hardly had a year elapsed when the first symptoms reappeared. Dr. Henrteloup made a second excision, in 1880, and the difficulty in urinating disappeared, but the act was always somewhat painful. In a few months the difficulty reappeared, and gradually became greater. In the first months of 1881, the patient often used a small sound, in order to facilitate the flow of urine. It was at this time that he consulted Dr. Mallez, who diagnosed a valvulur stricture, and decided on practising chemico-galvanic cauterization. The application took place in April, 1881. It lasted 15 minutes ; the pile used was composed of elements of the chloride of zinc. Dr. Mallez made use of a galvanic cautery formed as a metallic olive, conducted by a staff which also was metallic, and sheathed in an isolating substance. The conductor was a long fine sound. The olive, having reached the stricture, passed through the valve in a short time, but it was again brought back into contact with it during some time, which was necessary to produce the desired eschar. There was no febrile access, and on the following day the Colonel returned to his usual mode of life. From the first day micturition was effected very well, and during three years nothing extraordinary occurred, as concerned the urethra, excepting in April, 1884, when a diminution in the volume of the discharge, that attracted the patient's attention,

appeared. Considering the remarkable improvement which the patient had obtained, Dr. Mallez, when again consulted, advised the same method, and in the course of April he had a sitting of electrolysis lasting 14 minutes. Sixteen elements of a pile of bi-sulphate of mercury were brought into action The olive of the galvanic cautery passed the stricture in a minute and a half, and being then drawn back, it was delayed for 14 minutes. From this day the flow of urine resumed its normal force and volume, and ten days afterwards Dr. Mallez found that the canal admitted, without difficulty, a number 18.

These two clinical histories, from their importance, merit particularly the attention of physicians; the first, especially from being that of a case of traumatic stricture of the urethra, as it presents, in reality, an example of cure (obtained after the employment of three sittings) of a case that had before resisted all the means employed and was regarded as incurable. In these two clinical histories it is seen that electrolysis may perfectly supplant internal urethrotomy, in cases of complete obliteration of the canal of the urethra, or in impassable strictures, by means of the galvanic cautery, without the conductor of Mallez. Dr. Jardin followed the process of his master in giving entrance by means of the conducting sound of his instrument, which he subsequently applied, thus effecting the cure of an affection considered incurable, by means of the old processes. In such cases by having recourse to electrolysis, seeing that its employment cannot result in any accident, we avoid unnecessary cutting of the urethra. This advantage is owing to the employment of the instrument of Mallez. We have also seen that though employing, at the commencement of his experiments, the galvanic cautery without a conductor, he mentions the possibility of the application of the conducting sound, which he afterwards omits, giving his reasons for so doing; but we again find him using electrolysis with a conductor, as we have seen in the case of the Colonel. This shows us that practice is a great book of study, from which we may imbibe in large drafts, aided by the light of logic and of critical judgment, all the notions complementary to any idea whatever.

We may now compare the observation of Verneuil, published in No. 48 of the *Gazette des Hopitaux*, 1884, relative to the accidents consecutive to external urethrotomy, with that of Jardin, which we have before given. "Three weeks ago, more or less," writes Verneuil, "I made repeated attempts to penetrate into the canal of the urethra of one of my patients who had an impassible stricture. In consequence of this there was a slight urethritis with some febrile disturbance and some glandular swellings. We let his urethra alone, and after some days, by means of emollients and resolvents, all these symptoms ceased, satisfying us that in this relation all was ended. Now, if on this side it was necessary to wait a certain time in order to avoid any relapse, on the other side interference became urgent, and external urethotomy must be practised. Four days after we proceeded with the operation, without a conductor. The perineum was found in a good state; there was no fistula; I penetrated into the urethra, and then, introducing a catheter, I opened the canal with the thermo-cautery in front of the stricture; I then tried to reach the bladder. During half an hour I made various attempts in vain, and I was forced to stop. Moreover, there was no inconvenience in this, as patients usually urinate on the next day through the perineum, and in a few weeks, by means of this fistula, a sound is conducted into the bladder and the operation is completed in another sitting. I had believed that my interference would not be followed by accidents; unfortunately I had not taken into account the wound; the introduction, several times, of the sound, provoked reproduction of the urethritis; there was an auto-inoculation; the lymphatics became again inflamed; the glands were engorged, a double inguinal adenitis resulted, and the lymphangitis extended to the scrotum. How was the auto-inoculation produced? It was due to the little microscopic erosions, which favor the inoculation all the more the less they are. Some are of the size of vaccine pricks, and their success is in proportion to the insignificance of the injury. The wound in the perineum, made by the instruments, is not the cause of this lymphangitis; the cut is perfectly healthy, whilst at the same time the erosions of the passage which appear only accessory, are, on the contrary, the true cause. Whatever may be the state of my patient, it occurs to me he will not succumb; but, in the event of death, it ought to be imputed to some insignificant erosion of the canal, caused by the introduction of the catheter. It is hence to be inferred, that when

you find yourselves confronting two coincident injuries, it is well to look equally to both, and, besides, to conform to this precept: *do not operate too soon.* Here, it must be confessed, the intervention was much too soon, that is, before the canal had returned to its normal state. It is one of the errors frequently fallen into in foreign cliniques, in which the patient is operated on the day after his entrance. For this reason I always forbid my pupils—except in cases of urgency—to explore the urethra on the patient's entrance. Summing up then: 1st. It is imperitive not to injure inflamed textures, unless under absolute urgency; 2nd. By proceeding hastily a door is opened to auto-inoculation; 3rd. This may be the result of a microscopic wound; 4th. Adjuvant operations have an especial gravity, which may be followed by accidents in practising a minor operation."

There is not a doubt that the preceding observations have been traced by the hand of a master, one of the most celebrated surgeons of Paris, and that the accidents following his surgical intervention were due solely to the old system. He had in hand an impassable stricture; there was necessity to interfere, and Verneuil performed the operation; he effected external urethrotomy, and thus gave place to all that cortege of accidents, which placed the patient in a deplorable state, worse in fact than that in which he was before his entrance into the hospital. Mallez, with his galvanic cautery, without a conductor, has, by electrolysis, succeeded in reaching the bladder without cutting the urethra, thus avoiding a painful operation, which is full of peril and accidents, as we have seen in the case of Verneuil. The celebrated electro-therapeutist proposes the substitution of the process, and he abandons external urethrotomy, in presence of the excellent results he has secured in his practice on the urinary passages. As to the advice of Verneuil, we daily infringe it, in exploring and operating on the patients who come to consult us, and we have not had any complaint as to our mode of proceeding, since no accident has accompanied or followed the sittings of electrolysis, which are usually, at the least, unsucceeded by accesses of urethral fever.

In the present state of science two theories are offered in explanation of the cause of urethral fever. The first is that of inoculation; Maisonneuve was the first who, in these cases, spoke of auto-inoculation, and of the accession of consecutive septicæmic fever. The second theory is that of nephritis. "When one is young," says Verneuil, "he may be absolute; when he grows old, he turns eclectic." Maisonneuve was the initiator of whatever has been done as to inoculation from septic products in wounds; and although his memoir saw the light only in 1862, he had for a long time before taught the same in his course. In the meantime, as I was a disciple of Maisonneuve, I found myself tied to the theory of nephritis; I profess the same idea to-day, but with this difference—that I accept both theories, that is, renal congestion in chronic nephritis, and the wound with septicæmic auto-inoculation. In another case, more or less identical, Verneuil shows his embarrassment and his inability to relieve a stricture periodically impassable, if we may be permitted to say so. "Now," says he, "after several attempts made in the meantime with the greatest care, without using any violence on the urethra, the patient was attacked by a very violent access of fever—urethral fever, according to all the probabilities; at the same time the right testicle was enlarged and became the seat of an orchitis consecutive to catheterism. A surgical nephritis, pretty notable, was realised, a parenchymatous nephritis, which gave place to intense albuminuria. Here was an exploration of the urethra resulting in the accidents of albuminous nephritis and an anomalous orchitis.

From our first urethal explorations we have employed antiseptic catheterism, being convinced that Listerism is a potent enemy of the great microbian family—the cradle of the innumerable accidents that complicate the majority of surgical interventions. This great discovery, which had its dawn with Pasteur, in France, broke forth in grandeur in Albion with Lister, the great propagator of the method which has taken his name. To annihilate the microbes with antiseptics is to close the door against the assaults of these parasites, whose distructions are always incalculable when their presence becomes permanent. The action of antiseptics is to-day admitted by all those who have been enlightened by the sun of discoveries, which now floods the intellectual universe with its fecundating beams. "Antiseptic therapeutics," says Bouchard, "is the therapeutics of the future." Listerism is even yet disdained by some celebrated surgeons, who consevatively stick to the old doctrines

despite the cheats daily suffered by them. Antiseptic catheterism, antiseptic surgery, prevents the series of accidents which are met with by those who do not employ it. Had Verneuil vigorously followed Listerism, as it has been taught by its author, it is certain that he would have been sheltered from those surgical complications which many times embarrass the operator who despises it.

The employment of carbolised vaseline at 2 per cent., with which the surgeon ought to lubricate his sounds, as well as the instruments that have to penetrate into the urethra or the bladder, is a very rational proceeding, and it brings all the desirable advantages. By adopting this means, which is easy of execution, and is available by every one, contrary to that which Verneuil advises, we practise catheterism as soon as the patient is presented to us, and we continue the operation when ever it is possible to introduce the conductor of the instrument of Jardin, which we also disinfect. We well understand the necessity of disinfecting an instrument that is bathed, in almost its entire extent, by decomposed urine, which is often infectious. To penetrate into the urethra and bladder of a patient, wherein slight excoriations are often produced, without taking the advised precautions, is, so to say, to hasten the evil work of the microbes.

Another discovery not less important to the surgery of the urinary passages has recently been made. The hydro-chlorate of cocaine, an alkaloid from the coca of Peru, which at first was destined to ocular surgery, as an anæsthetic, producing insensibility of the sclerotic, has come in to afford great assistance in the operations of minor surgery, in which the patient, in many instances, refuses to undergo chloroform in order to escape pain. Some English surgeons have employed the hydro-chlorate of cocaine, in surgical processes on the pharynx and the larynx, the nasal fossæ and the rectum, in ablation of the neck of the uterus (the 10 per cent. solution), and in all the cases local anæsthesia has been thus obtained, so that we advise it in operations on the urethra, applying it in instillations by means of a sound of Guyon. Unfortunately its high price must prevent extensive trial of its virtues. Some houses in London have lowered the price to one and sixpence for 5 centigrams (say 36 cents for $\frac{3}{4}$ of a grain) with the view of encouraging its employment. We see then that this discovery may be turned to profit in bloody surgery of the urinary passages, in external and internal urethrotomy, but not in chemical galvanism, which is not painful, and constitutes in itself, at the negative pole, an anæsthetic, as Tripier affirms.

NOTES OF AN ANOMALOUS FORM OF CHOREA.

BY DAVID INGLIS, M.D., DETROIT, MICH.,

Prof. of Mental and Nervous Diseases, Detroit Med. Coll.

The following case being an unusual one and illustrating some points in the natural history of chorea, is deemed worthy of report. Heinrich K., æt. 66 years, farmer, has a history of chorea lasting now nearly forty years. In 1846 the patient (at that time a shepherd) was constantly exposed during an unusually wet summer and at night frequently slept on wet straw in his shepherd's hut. The succeeding winter was intensely cold and he then began to show the first symptoms of the disease, which was a jerking of the right leg. The disorder gradually, but within a few months, invaded other parts of the voluntary muscular apparatus until, except the face, few if any groups of muscles have been spared. This jerking consists in sudden and violent involuntary muscular contraction, as, for example, he is obliged at times to leave the table when at meals as the jerking of the arm is so pronounced as to prevent him from carrying food to his mouth. By walking about for a few minutes he is usually able to resume his interrupted meal. Again, while sitting quietly engaged in conversation, the muscles of expiration will occasionally contract with violence, so as to cause an explosive expiration. When the patient rises and starts to walk, after taking one or two short steps, he will suddenly stagger violently as if about to fall and in apparent effort to regain his balance will stamp upon the floor with great force and erratic movement; having regained his balance, will take a few properly co-ordinated steps and again stagger. This peculiarity of gait differs from the gait of cerebellar disease in that it is not caused nor accompanied by any sensation of dizziness, occurs on either side and is not in any sense a rotary motion. It is also a curious fact that, although the impression of a bystander is that he must certainly fall, he has never, in all the forty years, done so.

Another phenomenon and one which renders the case unusually interesting, is; that when the patient has fairly gotten started he can walk with very little interruption.

I think it was Sidney Smith who remarked about walking, that if a pedestrian sets out to accomplish a given distance, say five miles, he can do it with ease and with little or no weariness; but if one sets out over an unknown road for a place whose exact distance is unknown but supposed to be a couple of miles, if it turn out to be five miles the traveller will be weary. In other words, the traveller in the first case is "wound up" to run five miles and that being done the rest of the walk becomes automatic, while in the latter case there is required a constant exercise of volition. So, in the case of our patient, the first setting out requires the control of the cerebral cortical centres, but when he has fairly got a-going and walking becomes automatic, the lower co-ordinating centres taking control, the patient does well enough. Not only is this the case with walking simply, but the patient will stagger out from his home to his fields and taking his hoe will do a steady forenoon's hoeing with only an occasional interruption. Hoeing, to a market gardener, has become automatic. The patient finds that the choreic movements are worse when making any voluntary movement after having been at rest, as, for instance, on first rising in the morning or when about to resume work after meals. He is, so to speak, being wound up. These movements however, while affecting only the voluntary muscular apparatus, are not confined to such times as the patient is making voluntary movements, but occur when he is at rest and quite frequently during sleep, so that at times the patient will be wakened by the violence of the movements which are not connected with conscious dreaming. The movements, too, are worse on the approach of and during storms, probably during the time of low barometer. They also become wórse when the patient has been exhausted by much work. Further negative points as regards present condition are, that the patient is a ruddy hale old man, whose nutrition and general functions are carried on very well Muscular strength good; mental faculties seem sound; heart sounds normal; sensation and reflexes normal; no paralysis, paresis, contractions or atrophy.

As regards past history, it may be noted that there is no history of defined rheumatism, nor of syphilis, nor has he ever had any paralysis. There have been in the past certain sensory symptoms, which have not been constant; these were, a sensation of painful cramp coincidently with the jerking, and a feeling "as if many worms, two inches long, were wriggling in the flesh," which preceded the jerking. Some ten years ago, had quite severe pains in the dorsal vertebræ, which lasted about six months; during part of that time the movements affected the muscles, causing constant alternating rotation of the head. At no time has he been delirious, but at various times during these forty years has been very dizzy, more in former years than of late. The dizziness, when it occurred, was not a passing sensation connected with the stagger, but a continuous sensation lasting many hours.

The case illustrates several points. 1st. The occurrence of chorea in the aged. 2nd. The fact that neither the general nutrition nor the mental condition are necessarily seriously impaired. 3rd. The economy of nervous force, by which movements which are habitual become to a certain extent controlled by lower co-ordinating centres.

CALCULUS OF THE FEMALE BLADDER REMOVED BY LITHOTRITY.

BY J. R. HAMILTON, M.D., ATTWOOD, ONT.

In the early part of January, 1885, I was called to see Mrs. A——, aged 59 years, a resident of the township of Elma. I found her complaining of violent pain in her back and sides, which was aggravated by every movement that she made. Inasmuch as I had attended her for one or two attacks of nephritic colic during 1884, I made some enquiries as to the state of the bladder, when she told me that she had on that day passed some blood in the urine, which alarmed her, and was one of the reasons why I was called in. I suspected stone but as I did not have a proper sound along with me I waited until the next day to determine the fact, giving her an opiate in the meantime. On introducing the sound next day I discovered a pretty solid stone without any difficulty. It was situated on the right side of the bladder, and apparently fixed, as I found it there at several subsequent soundings. As the patient was very sen-

sitive and stoutly objected to any operative interference at first, I merely prescribed a mixture of acetate of potash and hyosciamus, and advised her to drink barley water frequently. After a time she allowed me to try dilatation of the urethra, which I had preceded by injections of warm water about twice a day. After some futile attempts at crushing with dressing, and polypus forceps, and as the hopes of the patient were not realized in the expulsion of the stone; although position, the filling of the bladder with tepid water, etc., had all been tried, with no other effect than the apparent dislodgement of the stone from its first position, as I now found it in the bas-fond, and could detect no stone in any other part of the bladder I then, with the final consent of the patient, resolved to try lithotrity before resorting to lithotomy, as my patient was a very stout and plethoric subject with an apoplectic family history. On the 7th of May, after injecting nearly a pint of warm water into the bladder, I first heated and oiled a very large sound, nearly as large and of the same curve as my lithotrite, and after locating the stone, had not much difficulty in grasping it with the lithotrite and found that the diameter was one inch and a quarter by the graduated scale. On putting on pressure by turning the screw, I found that the stone appeared to shoot out of the blades, and as the patient was nervous I did not make any further attempt to catch it then, and merely washed out the bladder with some more warm water, after which I found a few fragments of stone and some sand in the urine. After this was passed I injected 6 or 8 oz. of linseed oil, and ordered the patient to remain quiet until I should have another sitting. At the end of three days I had another sitting, when the patient assured me that she could turn in bed better and much easier after the former imperfect crushing, due, perhaps, to the rough edges of the stone being somewhat ground off. I followed the same routine as before, but this time was more successful as I crushed it hrough with a great deal of difficulty, and after he washing found several larger pieces and more nd. I followed these sittings at various inter-ls according to the state of patient, until I had perated 14 times in all, when on the 3rd of June had the satisfaction of crushing the last fragment, hich was most difficult to catch. After this I had e bladder washed out once a day for a few weeks ith tepid water, and some linseed or sweet oil injected occasionally. My patient was, in a few days after the last crushing, able to resume her household duties, and she says she has not felt as well for years, and is taking no medicine now only a dose of bicarbonate of potash in a bitter infusion once a day.

In regard to this stone which I have no doubt had been a long time in forming, the general symptoms had no doubt been overlooked, as a case of stone in the female bladder is so rare that few medical men look for or expect it, and surgical literature gives us next to nothing on its treatment. Even Poulet in his admirable work on foreign bodies in the female bladder scarcely says anything of stone, only as a casual formation around other foreign bodies. This stone had no foreign body for a nucleus that I could detect and was a triple phosphate throughout, although somewhat harder than a phosphate should be in the centre.

In reference to crushing in general. Civiale, one of the first writers on lithotripsy, and one who had great success, says: "it is a most important precept to make the sittings very short and to operate *very slowly and gently.*" I followed this precept religiously in this case, which, although requiring a great deal of time and patience, terminated most satisfactorily. Now as to the use of the crusher, I used Thompson's lithotrite, made by Mr. Stevens, which is much smaller in calibre than the lithotrites in use some years ago, and is in my opinion a model instrument. Nearly every author has his own method of handling a lithotrite. Gross advised a wriggling motion of the wrist, and some advise you to get the female blade under the stone, etc. I found that all these movements generally cause the stone to float out of the reach of the lithotrite, causing another search with the sound, and on this occasion I used a lead sound that I could bend to get the stone out of any cul-de-sac into which it might stray, which I found very convenient. I found after a few crushings that the easiest and safest way to catch the stone was to place the point of the lithotrite on it after getting it into the centre of the bladder with the sound, and then holding the lithotrite firmly with the left hand, left elbow supported, in order to prevent the lithotrite (which is much heavier than a sound) from gliding past the stone, reserving your right hand, of course, for the manipulation of the screw. After having once grasped the stone it is very easy to turn it upwards,

or any way, before putting on pressure, to ensure yourself that you have no mucous membrane, which is not often caught, I imagine, when you get the stone in the proper position first and have enough water in the bladder to keep the coats slightly distended. I don't think I ever caught the mucous membrance in this case of Mrs. A.'s, and I never saw *one drop of blood* in the urine after any of the sittings. I don't know what the result would have been had I used anæsthetics, but I never used them during the course of lithotrity and my patient had very few opiates or in fact medicine of any kind She had, however, used, and still uses demulcent drinks.

Correspondence.

THE NEW BRUNSWICK MEDICAL ACT.

To the Editor of the CANADA LANCET.

SIR,—The New Brunswick Medical Act, passed March 25th, 1881, provides that all physicians shall register their names in the Medical Register of the Province and receive a certificate of such registration before being entitled to practice; it also provides that the names of all registered practitioners shall be annually published in the *Royal Gazette*. The Act provides two penal clauses, viz: any person found practicing medicine, surgery, or midwifery in the Province without having registered is subject to a penalty of forfeiting $20 per day for every day of practice; and any person who claims falsely to have registered is subject to a penalty of $200. With the exception of the last clause of the Act, which provides that none of its provisions shall extend or be applied to clairvoyant physicians and midwives, the profession and people appear to be protected, but this is far from the truth of the matter. Every registered practitioner should have protection for the following reasons: first, because he is required to expend a large amount of capital and time to qualify him for registration; second, he is required to pay a fee of $6 for his certificate of registration; and third, under amendments passed to the Act, he is required to pay an annual tax to the Medical Council, or suffer his name to be erased from the Medical Register of the Province. The amendments do not seem to work satisfactorily, as the Medical Register of 1884 contained 200 names, while that for 1885 only contains 120. We have sought a reason for this delinquency, and the answer was, "we do not wish to contribute towards the benefit of the few, or pay taxes for which we receive no equivalent." Now, granting that the practitioner fully complies with the Act and its amendments, what are his privileges? He is legally qualified to practice his profession in the Province and to recover fees for his services; nothing more, nothing less. A quack may practice under his notice from day to day and exact exorbitant fees, while the physician is powerless to prosecute him—the power of prosecuting offenders being entirely vested in the Medical Council, the members of which reside in the cities far from the operations of quackery—and hence the result. "Dr." Sewell travels over the country visiting the sick, and prescribing "Morning Glory," and abuses his patients if they do not purchase his remedies; "Dr." Golden, prescribes cajuput oil locally for congenital cataract and receives a fee of $18; another "Dr." professes to heal the sick with roots and herbs, and dupes his patients with a mixture of chloroform, ether and aromatics, inflicting physical injury on some, while others are hastened to the grave. Language fails us in depicting the enormity of this imposition upon our profession and people. As members of the medical profession let us assert our rights, and urge our legislature to amend the Act, empowering every citizen of our Province with authority to prosecute offenders, and otherwise vindicate our Medical Act.

PRO BONO PUBLICO.

N. B., Aug., 8, 1885.

To the Editor of the CANADA LANCET.

SIR,—My attention was called to a letter in the February number of the LANCET over the signature of "A Resident Physician," Cornwallis, N. S. The article does not affect the writer personally, but I think it should not be passed over in silence by the profession in Cornwallis. Before rushing into print, it might have been well for a "Resident Physician" to ponder the old adage that "those who live in glass houses should not throw stones."

Only a few days ago I heard a brother M. D. charge your correspondent with the same breach of professional etiquette with which he charges Dr. B. M.D. seemed to be filled with quite as much righteous indignation, but I have not yet

seen it in print. Admitting the charges to be true, and overlooking the questionable taste of preferring them under a *nom de plume*, there is still a grave fault in "A Resident Physician's" letter. He has no right to drag Dr. B.'s "helpmeet" before the public. It is neither manly nor consistent with that *charity* which beareth all things. Let us not lose sight of our manhood and the dignity of our noble profession in our individual differences.

There is another subject which may interest your correspondent. He alludes to "professional advertising," and I would most respectfully refer him to a "card" in our local paper, in which Dr. —— claims among other things, to have made himself familiar with the methods of examination and treatment of eminent specialists in the various branches of medicine and surgery, and being supplied with the latest improved instruments for examinations and operations in disease, both of medicine and surgery, is prepared to give satisfactory counsel and treatment to all. Special attention given to diseases of the head, throat, and chest." Surely such a "card" is not in keeping with the ethics of the regular profession. It might do for Warner's Safe Cure, but I do not believe that sort of thing was learned from those "eminent specialists whose methods," etc.

ANOTHER RESIDENT PHYSICIAN.

Kings Co., N.S.

To the Editor of the CANADA LANCET.

SIR,—On page 373, LANCET for August, you say that in Ontario "no one can publicly practice who has not been found duly qualified after strict examination," and "that it is the duty of every one of us to support our representatives in the performance of their duties by a cheerful compliance with the reasonable demands made upon us."

Each of four neighboring villages to that in which I am located has a person practising within its borders who is not registered. Such being the case it cannot be surprising if some of the "duly qualified" find it difficult to exhibit that cheerfulness (which you say they ought) in complying with the demands annually made on them for fees Having myself paid between $70 and $80 for examination fees and annual dues, I would like to know what are the "privileges and immunities" which I, and others similarly situated, enjoy, for which "the medical men of any State in the Union would only be too glad to tax themselves to ten times the amount asked of us."

The proceedings of a notorious quack, who, for months made the two eastern Counties in Ontario the seat of his operations, lead me to doubt the correctness of another statement on the same page, viz: "that the people at large have much to be thankful for." They may congratulate themselves that they are not taxed to support the medical council, but that the law, as administered in these counties, affords them any protection from adventurers, is not a fact. GLENGARRY.

Aug. 10, 1885.

Selected Articles.

THE PERCUSSO-PUNCTATOR.

The subjoined engraving gives an accurate idea of the construction and mechanism of a newly contrived instrument for the treatment of rheumatic and other affections, as practically useful in its effects as simple in its construction. The inventor, Mr. Brindley James, penetrated by the result of considerable experience of the high efficacy of acupuncture in the treatment of rheumatism, lumbago, and obstinately persisting neuralgic affections, has succeeded in facilitating its application by this ingenious contrivance.

The puncturing needles A, can be protruded or withdrawn at will, by means of a screw E at the further end of the ivory handle D (which constitutes the body of the instrument), and by a connecting-rod G running through the centre of the latter. An electro-plated cap B contains the needles, and is connected with D by another electro-plated cap C, being attached thereto by a bayonet-lock. A further screw F allows of the connection of the needles (through the rod G) with an electric battery, should the case require it. Mr. James is indebted to the practical co-operation of Messrs. Down Brothers, the eminent surgical instrument-makers of St. Thomas's Street, and the sole makers of the percusso-punctator, for giving practical application to the instrument of his invention, the therapeutic utility of which will soon be universally acknowledged. It is the intention of the inventor to read a paper in the Surgical Section at the forthcoming annual meeting of the Association, illustrating the successful use of this instrument in a large number of cases.—*Brit. Med. Journal.*

CHLOROFORM *v.* ETHER.

SIR,—I confess to a certain feeling of disappointment that my letter on this subject, which appeared in your journal of March 7th, has not produced more expressions of opinion than it has. In THE LANCET only two have appeared, but I have had sent me from the States a reprint of an article in the *Boston Medical and Surgical Journal* of April 13th, 1882, entitled "Homicides by Chloroform," which in its condemnation of this drug goes further than Messrs. Braine and Buxton. Mr. Braine, after quoting my contention "that in the production of complete anæsthesia there is little or no difference (in danger to life) between chloroform and ether, whilst in the after-effects, especially as regards vomiting, nausea, and depression of spirits, chloroform is much superior to ether," and saying that this is exactly contrary to what he has been endeavouring for years to demonstrate, begs to point out to me that whilst ether is a cardiac stimulant, chloroform, on the other hand, is a depressor of the heart's action; that the former never kills by stopping the heart, whilst, on the contrary, the principal cause of death in fatal chloroform cases is the sudden cessation of the heart's action.

Now, is not this too bad? I write a letter in which it is manifest that I take for granted that chloroform kills by depressing the heart's action, and show how this can be remedied, and then am addressed in the *du haut en bas* fashion of "May I point out," &c. I may say further that when I first began giving chloroform, now some twenty-four years ago, I unconsciously came to the conclusion that the heart is the organ on which it tells first, for I found myself always keeping one hand on the pulse whilst giving chloroform with the other, long before I had formulated the opinion in so many words. Next, he acknowledges that dangerous symptoms occasionally arise during the administration of ether; but when these do occur the respiratory organs are affected, and there is plenty of time for the proper application of remedies, these symptoms being rarely followed by death. Surely this is begging the whole question, to elucidate which my letter was written. Are these symptoms rarely followed by death? *Let us see.* Mr. Braine asks me to consult the statistics of fatal cases, in which I shall find that the proportion of deaths under the administration of chloroform is about 1 in 4500, whilst that under ether is only 1 in 20,000! Where are these statistics? I challenge them at once as false and absurd. I have seen, I believe, at least 10,000 cases of chloroform administration with only one death, and that was a woman who, as we found afterwards, had been drinking heavily for a fortnight. But I have got some statistics, compiled for the Registrar-General, who has kindly furnished me with them. I asked for a return of the deaths from the various anæsthetics for the past ten years, but was informed that they could not be given separately; however, a return of the deaths from chloroform and ether (1874-83), in which probably are included those from other anæsthetics in England and Wales, was sent.

Before giving this, let us consider how stand matters bearing on these statistics. First of all, population has increased, but not in so great a degree as to affect materially the comparatively small number of deaths from these drugs. Secondly, there are many operations done now, or done in greater number than were done formerly; but, on the other hand, there are many operations done now without anæsthesia which formerly were done nearly always with it—such as for cataract, &c. I speak of the days before the introduction of cocaine, and without any reference to it whatever. Thirdly, I believe that there is more care bestowed upon the administration of anæsthetics than formerly; and, fourthly, if what the advocates of ether say is true, there is much greater safety in this drug.

From the first three of these considerations we may fairly draw the conclusion that we ought to expect only a slight increase of deaths owing to the increase of population, the other causes balancing each other, but when we add the fourth, we ought to find a great decrease indeed. Mr. Braine says ether is 4444 times as safe as chloroform! Now what are the facts? In 1882, when ether was much used, the deaths of men from chloroform and ether were more than twice as great as in 1874, when ether was scarcely used at all. In women in 1882 there were exactly 75 per cent. more deaths than in 1874. In the second half of the decade, in both sexes, the numbers are 150, as against 104 in the first half.

Ought not these facts to make us pause before we assums that there is the much vaunted safety in ether? Is it not the fact that all anæsthetics universally used are equally fatal, for you cannot abolish all the outward manifestations of life, save those of respiration and circulation, without coming perilously near to the extinction of these. By "equally fatal," I mean this: that if one anæsthetic were used exclusively for all cases through a certain period of time, and another anæsthetic were used exclusively for all cases through another like period of time, the rate of mortality would be the same in each.

I am told by a friend on whom I can rely implicitly that in a ten years' connexion with a large hospital there have been two deaths from anæsthetics, of which one was from chloroform and one from ether. I believe that during the past year, in the United Kingdom the deaths from chloroform and ether have been about equal.

So far I have confined myself to Mr. Braine's let-

ter, inasmuch as the "safety" point is the principal one. As to the other letter, as Mr. Buxton agrees with Mr. Braine, I need not enter further into this point, nor need I dilate much on the sequelæ point, as Mr. Buxton agrees with me in considering that the after-effects of ether are far worse than those of choloform. I think few doubt this. When the ether wave came from the West I made an experiment on myself, and in consequence obtained an accurate idea of what I should think must be the prodromata of suicide. Later, when I tried the drug on patients, I found that whilst the symptoms preliminary to complete anæsthesia were no less terrifying than those of chloroform, the symptoms succeeding were far worse and more prolonged. One old gentleman on whom I operated for cataract had a profound melancholy for several months, which he attributed to ether; and I was repeatedly asked by the matron of St. Paul's Eye and Ear Hospital not to give ether, as the patients were so much more sick and ill, and longer in recovery.

Since writing the above I have received from the Registrar-General a return of the deaths from chloroform and ether—practically of chloroform alone—for the ten years 1864-1873. The numbers are: males 106, females 24, total 130. The lowest year was 1866, with four males to one female; the highest year was 1872, with 19 males to 4 females.

The following is the copy of the Report furnished me by the Registrar-General:

ENGLAND AND WALES.

"*Deaths from Chloroform and from Ether registered in England and Wales in each of the years 1874 to 1883.*

Year.	Males.	Females.	Persons.
1874	13	6	19
1875	16	5	21
1876	20	6	26
1877	12	7	19
1878	13	6	19
1879	14	9	23
1880	17	9	26
1881	24	7	31
1882	27	10	37
1883	24	9	33
Total in the 10 years	180	74	254"

—Dr. Walker in *Lancet.*

FALSE DOCTRINES IN THE TREATMENT OF FRACTURES.

A paper on this subject was read by Dr. John J. Roberts, in the course of which he said: The great point in the treatment of fractures is, not the kind of dressing that is used, but simply the keeping of the parts at rest. Very little ensheathing callus is formed if the parts are held in coaptation. This is proved by post-mortem examinations. Where the fracture involves the joint, it is important that careful passive motion be commenced at as early a period as possible. Where the joint is not involved, there is no need of passive motion, and hence should not be commenced sooner than the fifth week. Passive motion should never be made while acute arthritis is in progress. Again, splints are frequently worn too long. In simple fractures of the fibula, one week of confinement is all that is necessary. In compound or otherwise serious fractures, a much longer period is required. Another erroneous view is that which opposes the conversion of simple fractures of the cranium into compound, where the case is obscure and an accurate examination can not otherwise be made. The danger of the wound is rendered little, if at all, more serious, and a definite diagnosis can be made. Another error is in the treatment of fractures of the nasal bones by the application of splints or adhesive strips. The proper method of holding the fragments in apposition is by transfixion with pins. Another error in this connection is the placing of canulæ in the nasal cavities to aid in holding the fragments in position.

The important factor in the treatment of fractures of the clavicle is to apply such a dressing to the sternal end of the bone as shall prevent it from sliding forward, as it would do from the weight of the upper extremity. This is to be accomplished by entending the angle of the scapula, and not by the wearing of an axillary pad, which can not succeed in holding the bone in position, unless the pad be so large as to render its use unadvisable. He also claimed that the use of the angular splint for fractures of the neck of the humerus is an error. In fractures about the middle of the forearm, interosseous pads are seldom required if the fragments are put into accurate apposition, and the arm carried in the prone position.

Another error is the use of the straight splint in fractures of the lower third of the radius. The straight splint will do very well for the external surface of the arm, but not for the internal. In most cases the fracture of metacarpal bones can best be overcome by placing adhesive strips over the part attached to the fingers, and to a splint placed under the hand, and, if desired, projecting a little beyond the ends of the fingers.

Finally, it is an error to rely upon measurements of the lower extremities for the estimate of the result obtained from our treatment of fractures. It is surprising that, although the fact that the extremities differ greatly in length has been repeatedly brought to the attention of the profession, it is an almost universal custom for surgeons to measure their broken limbs. Very often, too, where there is no natural difference, there is an apparent one

from the position of the pelvis when the measurement is taken.

Dr. W. F. Peck, of Iowa, stated that, with reference to fractures of the condyles of the humerus, he had for fifteen years taught the importance of using no splints except for support.

Dr. Mudd, of St. Louis, remarked that the great point to be desired is the limitation of inflammatory action about the seat of fracture. Control that, and you control the amount of anchylosis of the joint. Put the fragments in good apposition, control the effusion into the joint, and prevent movement, and you get a good result. In fractures of the metacarpal bones, put the parts in position, put the pad near the joint, put on a splint, and bandage it firmly.

Dr. E. P. Cook, of Illinois, stated that in fractures of the lower end of the radius, the application of the posterior splint is all that is necessary. One case of this kind he had treated by applying a closely-fitting kid-glove to the hand, and a close bandage over the fracture, with direction to lay the arm on a pillow in any position that was most comfortable. The result was perfect.

Dr. Roberts stated that he had not attempted to bring out anything new, but merely to present some of the more common errors for discussion. He agreed with Dr. Peck, that many fractures would be better treated without any splints than the ordinary splints. In fractures of the upper end of the humerus, it was better, in most instances, to let the arm hang vertically. Sometimes, however, is is best to let the arm fall forward. In many cases we need no splints at all. If we reduce the fracture, the interlocking of the fragments will ordinarily keep the fracture in place. If the fracture is comminuted, however, it should be treated with splints—*Cin. M d. News.*

OVARIOTOMY IN BERLIN.

BY H. R. BIGELOW, M.D.

Dr. Martin's polyclinic furnishes him with an exceptionally large material, and during five weeks just gone by he has completed considerably over 100 operations. His statistics are creeping up to those of Schroeder, whom he may soon pass, and his results are *extremely* good. With such large experience, with such daily association with grave disease, and with such facility of technique, it is not surprising that success should follow him. He arrives at a diagnosis speedly and almost faultlessly, and operates rapidly and with signal coolness. Dr. Duvelius, himself a surgeon of reputation, is his first assistant, another administers the anæsthetic, while another, in conjunction with an intelligent matron, handles the instruments, sponges, etc. Dr. Martin sits between the knees of his patient, and the two assistants are also seated. The galvanized iron operating table invented by the matron has an arrangement by which its middle third can be dropped, thus facilitating the placing of the dressings. Every one looks comfortable, and I am quite impressed with the advantages of this plan. The first assistant sits at the left of the patient, manipulates the abdominal parietes, keeps the intestines out of the cavity, covering them with a hot towel, and secures all bleeding points. The operations in abdominal surgery are all made in a special room, devoted exclusively to this class of work. It is literally saturated with carbolic spray. All the water used is boiled, and everything and everybody are made as aseptic as possible. The hair of the patient is shaved from the pubes, the abdomen is washed with brown soap and water, then with bichloride solution and then with lemon juice. The temperature of the room is kept well up, but even a higher grade, I think, might be advantageous. The tumor being removed and the stump being sewn up, the left hand is passed into the cavity behind the stump to the posterior culde-sac, the right hand then pushes a long pair of forceps through and into the vagina, an ordinary rubber drainage tube is then pulled through into the peritoneal cavity and left *in situ.* The other end drains into *the vagina.* Not altogether a safe proceeding, it seems to me, but where the results are so good it is hypercriticism to find fault.

His operations for total extirpation are done in another room.

The merit of Martin's procedure is that there ought to be very little blood lost and that the bleeding points can be easily made out and secured.

After making the first or posterior incision the vaginal wall and peritoneum must be firmly united by at least four sutures, and the incision should not be continued until all the bleeding has ceased, then it can be carried around, sutures being made as one advances. The only really difficult part of the operation is in getting hold of the lig. lata and passing the thread. If the uterus should be friable, or if the posterior adhesions are intimate and extensive, there will always be trouble.

Of Dr. Gusserow's and Dr. Landau's practices I have already written so fully (letters in the *Journal of the American Medical Association*) that in attempting anything further I should only be recapitulating. They represent the more conservative element of gynecology, a branch that is rapidly assuming large proportions and which has built up a well earned position among those whose clientèle numbers the rich and affluent. I do not know how largely they make use of the many adjuvants which characterize such fashionable practice at home, and whose use is very generally attended with such marked inprovement in symptoms, but I do know that they are not so prone to amputate cervices as many others, and that they believe much

in persistent, patient watching, judicious local applications and strict hygienic detail. I have seen both of these gentlemen do many abdominal sections. I have been present at eight ovariotomies by Landau, in all of which I had the honor of assisting; all of which did well, although some of the cases were attended with marked difficulties, the adhesions being general and the pedicle broad and juicy. At Dr. Gusserow's I have also seen a number of laparotomies and a quantity of plastic work, the results of which I do not know exactly, but in a general way I may say they were good. Dr. Gusserow's strong points are diagnosis and pathology in gynecology, and very general excellence as an obstetrician. His lectures on differential diagnosis and on the evolution of tumors are models.

Why should I speak of Prof. Schroeder, whose reputation is as wide-spread at home as it is in Europe. As a didactic lecturer he stands without a rival. He enunciates clearly and impresses his own individuality upon everything he says. To unrivalled excellence as an operator he adds the quality, somewhat rare, of a splendid teacher. He operates sitting on the *left* side of his patient, and is assisted by Dr. Hofmeier. Just as at Martin's so here, everything is done under the fullest antiseptic precautions.

Neither Schroeder, Martin, Landau or Gusserow use a *trocar*, but the contents of cysts are allowed to pour over the rubber sheet covering the patient and drip into a tub placed at the foot of the table. Neither are any especial precautions taken against reduction of temperature, save that at Prof. Gusserow's hot towels are placed on one side of the patient. I do not know that it makes any difference to the patient whether the trocar is used or not, but the operation looks better and is more cleanly when it is used. But I do maintain that it is good practice to supplement the heat of the body with hot bottles, and to expose only so much of the trunk as is *absolutely* necessary. Of the value of *strict* antisepsis there is no question in Berlin, and to it, in addition to the dexterity of the operators must be attributed the good results that obtain here. An analysis of the world's statistics, if such could be made, would show a percentage vastly in favor of such usage, for even the limited analysis that I have been able to draw when writing my papers on "American Ovariotomies," and later on "Laparotomy" (*American Jour. of Obstetrics*) have convinced me that the operator who neglects to make use of every precaution in an abdominal section commits a serious mistake. In these days of advanced pathology, when our knowledge of wound repair has altered and advanced, with similar changes in our conception of a *contagium vivum*, we cannot afford to sneer, whatever individual good luck we may have had without such precaution. I think no intelligent surgeon will for a moment claim, that mere soap and water will cleanse the hand from the low order of parasitic origin which may cling to it from handling an infected part of the body, from removing stitches from a suppurating wound, or from making an examination of diseased cervix. Experiment has proven conclusively that soap and water will not do this. Knowing this, has any man the right to risk a human life to his super-sensitive prejudices. Much less is it in good taste to belabor with bitter invective those who are more cautious, and perhaps a grain more advanced in scientific research. Take away antiseptic surgery, and see what the results would be. I do not believe that gynecologists here realize the advanced position of their specialty in America, and in how many things they could be instructed in our leading Polyclinics. Apart from Emmet and Goodell they know little of our good men, and of the splendid work they are doing. For this reason I rejoice that an opportunity, in the meeting of the International Congress, will be given them of "liberalizing" their ideas. The amount of material in Germany, especially here in Berlin is simply enormous, and of course the opportunities of examination and of making diagnosis are superb, far ahead of anything of the kind, even in our largest Polyclinics. So to, *ex necessitate rei*, the opportunities of personally acquainting one's self with abdominal surgery are many, as such operations are being done constantly. In obstetrical, practical work too, with such enormous material, there must be advantages for superintending and managing a great variety of cases of labor, which the student at home cannot have. In Pathology and Diagnosis the Germans are admirable. But in minor Surgical Gynecology, in Conservative Gynecology (embracing Rest, Treatment, Massage, Electricity, and the use of new remedies for limiting pain) in surgical appliance and surgical neatness, and the treatment of misplaced uteri, the gynecologist here can learn much from us. I have seen case after case here, operated upon or burdened with a pessary. I have seen numberless cervices cut off, and uteri injected, where it seemed to me, the primary thing to do was to rest the nerve pain, to ease the cry of an overtaxed system that was wearing itself out, and to build the system up after the plan of Weir Mitchell and Goodell, before attempting any local interference whatever. This treatment may not be as showy, but it is more effective and infinitely more logical. I cannot reconcile myself to such wholesale slaughter of cervices, or to such constant local interference without any regard whatever to the more pronounced bodily necessities, and I wish with all my heart, that Goodell's lecture "The Nerve Counterfeits of Uterine Diseases" (*Medical News*, December 6, 1884) could be read by every specialist here. It stands out as a novel of elegant English, and of deep insight into the real cause of half of the

suffering met with. This field is as wide, yes wider than that of operative surgery, for it covers a larger number of cases, and it is just here that the Americans are peculiarly strong. Emmet's last edition is very highly spoken of and rightly so, for it is unique in its honesty and thoroughness. Nothing can exceed the kindness of Prof. Gusserow and of his assistants towards medical men from abroad, and his clinic is a most popular one To him, and to Dr. Wyder, his first assistant, as well as to Drs. Landau, and Martin I am under the greatest obligations. Prof. Schroeder was also most courteous in inviting me to his operations. and I am very appreciative of his kindness, —*Obstetric Gazette.*

RENAL CALCULUS; NEPHRO-LITHOTOMY; CURE.

UNDER THE CARE OF MR. BERKELEY HILL.

E. R——, a woman aged forty, was admitted to the hospital on Oct. 28th, 1884. She stated that about three months previously she began to suffer from a gnawing pain in her right loin, which shot down to her right groin and knee; the pain came on suddenly, and was attended by vomiting. About a week later her urine was thick and red, but not, she thinks, due to blood. She passed urine frequently during both day and night; she never noticed any blood in it.

On admission the patient had occasional attacks of pain in her right groin and thigh; she had some tenderness in the right loin, but it was doubtful if any fulness was present there. Her urine was acid, had a specific gravity of 1080, and contained an abundant deposit of pus. She remained only three days at the hospital at that time, but she was re-admitted four months later, and then stated that during the interval the attacks of pain had been more severe. Her urine was acid; it had a specific gravity of 1010, and contained a large quantity of pus, and on one occasion was dark-brown from mixture with blood. There was a slight fulness in the right loin, and during deep inspiration the kidney could be felt, and it was rather tender. From the persistence of the symptoms and absence of others connected with the bladder, Mr. Hill concluded that there was a calculus in the right kidney; and on March 11th, 1885, he exposed the kidney in the loin and punctured it in several places with a needle, but he did not strike a calculus. He next explored the surface of the kidney thoroughly with his finger and detected a hard substance at the lower part of the organ near the hilus; towards this point, guided by the position of the tip of his finger, he passed a knife through the kidney and struck the calculus. Finding it closely embedded in thick layers of fibrous tissue, he then enlarged the incision in the hilus of the kidney, and after freeing the calculus with a scoop, he extracted it with his finger. The wound was closed, except at the posterior part, where the drainage-tube was placed; carbolic gauze dressings were applied During the first forty-eight hours after the operation the watery fluid, probably serous, not urinous, which drained from the wound was too great for the antiseptic dressings to retain. Notwithstanding this, the wound remained aseptic all through. About eight hours after the operation the patient passed about three ounces and a half of urine per urethram; it contained pus. Nine hours later she passed an ounce and three-quarters of urine, which contained much less pus. During the first twenty-four hours after the operation the total amount of urine passed was only twelve ounces, which contained thirty-nine grains of urea; during the next twenty-four hours twenty-seven ounces of urine, containing 106 grains of urea, were passed. The quantity of urine excreted increased day by day, until it reached forty-nine ounces, containing 364 grains of urea, during the sixth period of twenty-four hours. On the fourth day after the operation the pus entirely disappeared from the urine and remained absent for about six weeks, and then returned in slight amount. The patient had no return of the lumbar pain. She was discharged seven weeks after the operation; there was then a little pus in the urine, and the wound in the loin was almost healed. The calculus weighed 142 grains; it had an irregularly conical shape, and measured an inch across its base and along the two longest sides; the apex of the cone was smoothed off, and was represented by a flat facet, which seemed to indicate that it lay in the kidney against another calculus, but although this was carefully searched for at the time of the operation, it could not be detected. The patient was seen again on May 15th, when she was in generally good health. She said that she had felt pain in her right loin during that day for the first time; the wound had healed, and there was no fulness or tenderness there; her urine was turbid with flocculent pus.

Remarks by Mr. BERKELEY HILL.—The above case of nephro-lithotomy was very successful, though disappointing. It was successful in that a correct diagnosis of a renal calculus could be made on the presence of three symptoms—persistent pain in the loin, shooting thence towards the groin, the presence of pus in acid urine, and occasional slight hæmaturia at the onset of the case; successful also in that the calculus was found and removed without difficulty through an incision into a healthy kidney from the loin, with the effect of removing the symptoms from which the patient suffered. But the case is also disappointing in that after the urine had been free from pus for six weeks, and the pain in the loin relieved, there should be a return of the purulent discharge. It is difficult to explain this relapse,

unless we conclude that there is still another calculus in the kidney, and this view is somewhat supported by the existence of a flattened surface on the irregularly shaped calculus which was removed. This flattened surface was observed at the time of the operation, and I searched very carefully for another calculus, but failed to detect one, and at tributed the surface to the stone having been moulded in a calyx which fitted it closely. It is possible that so long as the wound in the loin remained open the pus discharged itself through that channel, and that when the wound closed the pus was obliged to find a vent along the ureter. Meanwhile the patient is enjoying a state of health and complete freedom from pain which she has not had for some years past.—*Lancet.*

THE ADVISABILITY OF PERFORMING DOUBLE OVARIOTOMY WHEN THE DISEASE OF BUT ONE GLAND IS BUT LITTLE DEVELOPED.

In performing the operation of ovariotomy, it happens in a certain number of cases that whilst cystic disease is so well pronounced in one ovary the other organ presents only a pathological state in its early development. When this latter condition is observed, a question must arise in the mind of the operator whether both ovaries shall be removed at one operation or whether the one least disturbed by pathological processes shall be left for a subsequent operation. The mortality from a double ovariotomy is undoubtedly larger than where a single ovary is removed, as has been shown by the statistics of Sir Spencer Wells and Kœberle. The fact that the patient is rendered sterile by the removal of both ovaries is also a point to be considered. The many sides to these questions have been discussed and a partial settlement seems to have been reached in favor of delay in removing the second ovary unless cystic disease is so pronounced in both ovaries as to make their removal a matter of urgent necessity.

Quite recently some statistics have been offered which seem entitled to consideration. In a paper entitled "Two Ovariotomies in the Same Patient" (*Med. News*, August 1, 1885,) the author, Dr. Ransohoff, of Cincinnati, discusses the question which gives the title to this article. Dr. Ransohoff disputes the statement made by Scanzoni that in fifty per cent. of cases both ovaries are affected. "In 366 operations for the removal of ovarian growths witnessed by Doran, the tumor involved both ovaries in 48, and in 20 other cases, 'suspiciously enlarged' ovaries were removed after the tumor had been cut away. Thus, in 18 per cent. of his cases both ovaries were affected. In 132 ovariotomies, Goodell found it necessary to remove both ovaries in 50 per cent of all cases. In 293, 101, 229, and 56, and 1000 operations made respectively by Kœberle, Tait, Keith, Olshausen and Spencer Wells, double ovariotomy was necessary in 37, 27, 13, 9 and 82. While according to the experience of Wells, both ovaries must be removed in 8 per cent. of all cases; according to that of others, double ovariotomy is indicated in 16 per cent. of all cases."

Dr. Ransohoff suggests that an examination of statistics will show that different operators are far from agreed as to what constitutes sufficient disease in the second ovary to call for its removal. It is the determination of this point which makes the decision a matter of practical difficulty at the time of operation. It is here that a strong judgment and an intelligent view of the conditions observed in the case will come to the material aid of the operator. The youth and conjugal relations of the patient present questions involving the propriety of removing both ovaries at one operation. Dr. Ransohoff's suggestion, "unless the less diseased gland be the seat of quite marked multilocular cystic degeneration, it would probably be better in many cases to leave it undisturbed or to empty the cysts of their contents," is worthy of practical consideration.

He has an eminent authority in Sir Spencer Wells in advocacy of this plan which he practiced on a girl of 19, from whom he had removed the right ovary. "The left ovary was enlarged to nearly double the normal size. Two follicles, about the size of cherries, were distended by clot. These I laid open, turning out their contents. It seemed hard to unsex a girl of 19, and if the disease should progress, a second ovariotomy could still be done. This operation was performed in November, 1864. After her marriage the patient gave birth to four children, and when last heard from, in 1881, she continued in good health."

In 32 cases, collected by Dr. Ransohoff, in which the operation was twice performed on the same patient, children were borne by five of these cases. The aggregate number of children borne between the two operations was fourteen.

Another important factor in favor of conservatism in dealing with a slightly diseased second ovary is the small mortality attending second ovariotomies. This mortality is estimated at about 12 per cent Wells' experience shows a mortality of 34 per cent., whereas 51 per cent. in the cases reported by Kœberle have died Dr. Ransohoff is very pronounced in favor of removing each ovary by a separate operation when the pathological condition of the ovary will admit of its retention. He concludes that double ovariotomy should be refrained from except in women approaching the climacteric, and unless the disease in the second ovary be quite pronounced.—*Maryland Med. Journal.*

RAYNAUD'S DISEASE.—At a recent meeting of the Clinical Society of London (*Medical Times*, May 30, 1885), Dr. Colcott Fox exhibited two adults affected with this disorder, and read notes of the cases. A woman, aged forty-one, of extremely nervous temperament, dated the commencement of the disorder from ten years back, but though this was the period when her attention was attracted by pain, it is probable that she suffered from slight attacks for some years previously. In the earlier stages all her fingers continually went "like white wax." This condition of recurrent local syncope gradually gave place to local asphyxia, and the feet became involved. The fingers gradually lapsed into a state of chronic asphyxia, which intensified by frequent attacks of more severity, often leading to "blood-blisters and ulceration." The nutrition of the phalanges has suffered greatly, so that her hands are crippled, the fingers are fusiform in shape, livid, shiny, and withered, the nails variously distorted, and the end phalanges much atrophied and almost immovable. The nose and ears are effected to some extent on exposure. Cold and nerve shocks are ready exciting influences. The second case, that of a man, aged fifty-one was of considerable interest from the fact that, like one of Raynaud's cases. he suffered from diabetes. His hands were not deformed, but he had suffered for several years from "dead fingers." He sought Dr. Fox's advice for symmetrical gangrenous patches on the skin, which recurred, and later for an attack of asphyxia of one great toe and lower third of the inner side of the leg, and then it was found that he had been attacked in a similar manner, though more severely, in the other toe, and on another occasion blood blisters had formed beneath the ends of his toes. Dr. Fox concluded his paper by giving a reference to some cases which have been recorded as scleroderma of the extremities. A woman with the latter disease was shown to illustrate the difference between it and Raynaud's symmetrical gangrene of the extremities.

In the discussion which ensued, Dr. Barlow reminded the Society of three cases which he had brought before it in a previous session. From subsequent observation of these cases he had been led to some conclusions with respect to treatment, and especially by means of the continuous current. In one case, that of a man aged forty-two, in whom repeated attacks of the disease had caused almost complete inability to walk, he had employed the continuous current with very satisfactory results, a gradual improvement in the circulation having taken place during the eight months during which the treatment was applied, and remaining permanent after its discontiuance. He had found that the most satisfactory method of using it had been by the application of both poles of the battery to the affected part and by painting the surface with one of them. In two other cases he had employed the constant current by means of baths during the attacks of extreme pain, and had succeeded in cutting short the seizure at once. He had used nitrite of ampl, on the strength of Raynaud's opinion that the disease was due to spasmodic contraction of vessels, and, although the general physiological effects had been produced, there had been no relief afforded. He should recommend the use of the constant current persevered with for several weeks, and followed by frequent shampooing. He believed that its action was simply that of a local stimulus.

REMOVAL OF TONSILS.—Dr. De Saint-Germain gave some very practical remarks on this common operation that we are so often called upon to perform in the winter season. He said, "You noticed that I just refused, notwithstanding the entreaties of the parents, to perform the operation of extirpation of the tonsils in this child, although I performed it in two others. The fact is that this simple operation is not without danger in certain cases. How shall we know when not to operate? Well, there is a rule that you should never forget: it is never to cut the tonsils until they touch each other in the median line. It has been said that a child that has enlarged tonsils is subject to phthisis or to get diphtheria, but it is not true; large tonsils don't exercise such an influence over the general health. There are cases when you should refuse to operate. When you see the mucous membrane inflamed, and you see white spots, don't operate; wait, and under treatment it will regain its usual rosy color. Ought the tonsils to be cut at all ages? No. If the child is under two, wait, for fear that a loss of blood, however slight, may weaken the patient. From four years of age up to twelve is the period for operating. At twelve, if it is a girl, wait, for very often at this period or later menstruation may come on, and it will modify the condition so that no operation will be needed. From seventeen to nineteen, and in adults, hemorrhage may be feared. Here always remain at least an hour with them after the operation. As a last counsel, don't operate at all when there is an epidemic of diphtheria. Having decided to operate, what are the means used to perform the operation? All of you know the amygdalotome, so I won't describe it. I wish to say that I think it will pare or scrape the tonsil, but it will not extirpate it, so that some other doctor has often to be called in to complete the operation that you have left unfinished. It is, besides, an instrument that is difficult to keep clean, and I have seen the knife-edge break off and fall into the pharynx, so that I do not use this instrument at all. I use concave bistouries. The convex side is put against the adherent portion of the tonsil, and the concave side is towards the base of the tongue. Right and left instruments are

used. With these instruments you can pluck the gland out of its socket completely, but you need a special pair of forceps. These are long pincers, made so that they will not tear the substance, with triangular teeth that are flat, with a sort of gutter between, exactly like a small waffle iron, from which you have so often enjoyed eating the cakes. Place the pincers horizontally, and the child will instinctively open its mouth wide, so that nothing remains but to cut the tonsil."—*Med. Times.*

INDUCTION OF PREMATURE LABOUR. — Dr. T. Gaillard Thomas, of New York, writes as follows regarding the induction of premature labor (*Med. and Surg. Rep.*, Feb. 14, 1885): The method of inducing premature labor which I now invariably adopt is very simple, and, at the same time, a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub below on the floor. In this tub we put one or two gallons of water at a temperature of 98 F. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directed against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, and that is all.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the meanwhile being brought up to nearly one hundred degrees.

[This mode of dilatation should be found useful in rigid os at full term. Its application may be found greatly to alleviate the first stage, especially in primipara.)—ED. LANCET.

THE ELASTIC BANDAGE IN STRANGULATED HERNIA.—The elastic bandage is so decided an improvement on the oldfashioned truss, and is so simple a contrivance in itself, that it is a matter of surprise that its palpable advantages should not have been recognized sooner. Though preferable to the truss in every form of hernia, it is especially in the strangulated form that the bandage renders priceless service. Jakolew regards the application of the elastic bandage—next to an operation—as the most effective method of eliminating an incarcerated hernia, and speaks with confidence of its usefulness, even after the failures of taxis (*Centralblatt für Chirurgie*, No. 11, 1885). According to this author there are various modes of origin of an incarcerated hernia, as can be seen in herniotomy or in an autopsy. Each origin, as far as it can be ascertained, will, of course, call for a special form of taxis, but the bandage will be equally useful in all cases. The permanent, mild and uniform pressure of the bandage on the intestinal loop mostly results in either pushing the intestinal contents backward into the afferent or onward into the efferent portion of the loop, removing the strangulation in either case. Experiments on the cadaver have amply proven these results. The danger of gangrene is to be cautiously guarded against; persistent, violent, or even considerable pain is sufficient cause to discontinue the bandage. If, after the use of this bandage for ten to twelve hours, no symptoms of improvement appear, the usefulness of this treatment must be acknowledged, and no other means resorted to. Jakolew reports the successful employment of the bandage in five cases out of six, though some cases grave symptoms and failure of taxis had preceded.—*Therapeutic Gazette.*

PALLIATIVE TREATMENT OF CANCER OF THE UTERUS.—Dr. J. E. Burton thinks we are too apt to be discouraged when treating this disease, and to do nothing when the disease is in an advanced stage. Four measures can always be taken with more or less success:

1. We can attempt to bring about a more healthy action in the parts.

2. We can relieve pain.

3. We can moderate discharges, especially those of blood.

4. We can remove the fetor of the discharges.

He suggests that the progress of a neoplasm can be checked, at least for a time, by exciting an inflammation which shall affect its immediate surroundings. Such a cordon of inflammation might be excited by the action of iodine or iodized phenol. He quotes Duploney for considering that concentrated acetic acid is the most satisfactory for such a purpose. Gallard is much in favor of the actual cautery, which he thinks might be used freely as often as once in three weeks. Of other caustic agents, nitric acid, acid nitrate of mercury, bromine, sulphuric acid, bichromate of potassium, and resorcin have been used by the author, and are all of benefit in certain cases. Before caustics are applied to an exuberantly granulating surface, the granule-

tions should be scraped away as thoroughly as possible.

For the relief of pain nothing better than opium, in some form, by the rectum, can be given. To diminish the vaginal discharge any reliable astringent injection may be given. Subcutaneous injections of ergotin will have a good effect in controlling hemorrhage.

The fetor, which is so offensive, can be controlled by vaginal suppositories of iodoform used night and morning. The author has also found that Chian turpentine lessens the quantity of the discharges and the tendency to hemorrhage—hence it is not valueless. He thinks a spare diet is to be preferred when it is possible.—*British Med. Jour.*, June.

Early Diagnosis of Typhoid Fever. — Dr. Hardy calls attention to the following symptoms which he regards as in a certain sense characteristic of typhoid fever in the earliest stages (*L'Union medicale*, No. 6, 1885): There is cephalalgia, most often frontal, but sometimes occipital, and radiating into the neck, which may be somewhat stiff. The patient lies habitually on the back, and seldom moves. The face is somewhat pale, the countenance without expression, in general serious and grave, and a smile is seldom provoked. When the person is addressed directly he answers briefly and in monosyllables, although the intelligence is at this period usually unimpaired. There may be a little delirium at night, and insomnia is very constant. The tongue is red at the edges and at the tip, but whitish on the dorsal surface The spleen is increased in volume Diarrhœa, when present, is accompanied with iliac gurgling. The temperature is elevated, but the pulse is not very frequent, is full and resisting, and sometimes dichrotic, though this is of less common occurrence than is generally supposed. The urine is usually diminished in quantity. The so-called *tache cerebrale* is readily produced; but of more importance, as more especially diagnostic of typhoid fever, is the *corde musculaire*. If the biceps muscle be pinched between the thumb and index-finger and snapped, like a guitar string, a circumscribed contraction will occur at that point, with the formation of a hard, tense swelling, which disappears after a brief period. If the patient, in whom no well-defined local trouble can be discovered, presents all the above-described symptoms, the diagnosis of typhoid fever can, Dr. Hardy claims, be made with almost absolute certainty.—*N. Y. Med. Record*, June 20th, *Analectic.*

Nursing Sore Mouth.—In all cases of nursing sore mouth, there may be found, upon careful inquiry, wrong of the uterus. There is nearly always more or less leucorrhœa, and the discharge is frequently of an offensive, irritating character. The internal administration of eupatorium, alternated or combined with hydrastis, will always help in such cases, and they will many times accomplish every thing desired.

℞ Mother tincture eupatorium aromaticum . . . . . ʒ ij.
Fluid hydrastis. . . . . ʒ ij.
Water . . . . . ℥ iiiss. M.

Sig.—One teaspoonful every hour.

It is surprising to see how rapidly some cases of nursing sore mouth heal under the influence of this simple prescription. The burning mouth and tongue are cooled; the leucorrhœal discharge is modified, lessened, and not infrequently entirely stopped; and the nervous element of the disease, characterized by morbid watchfulness, throbbing headache, etc., is perfectly controlled in most cases. Eupatorium is said to be a remedy for nervousness, but we have never observed that its virtues were very marked in this regard except in this terrible disease, so frequently met with in nursing women, but here it certainly is a first-class remedy.—*Amer. Med. Jour.*

An Improved Fracture-Box.—Dr. S. Bradbury, of Oldtown, Me., sends us a photograph representing the "box and railway" devised by himself for the treatment of compound fracture of the leg. The box is the ordinary fracture-box of every-day use, but the improvement consists in mounting it upon four grooved wheels riding upon two rails. He writes: "I have just removed the apparatus from a patient who had a compound comminuted fracture of the middle and lower third of the left leg, and I believe it the best apparatus for this kind of injury which we possess. The railway is screwed to the cross-bar at the foot of the bed, and rests upon a good hair-mattress. The leg is placed in the box, and imbedded in bran, which is retained in its place by a piece of sheeting laid in the box. The great advantage of the railway is that it prevents the ends of the upper and lower fragments from being crowded together by any movement of the patient during sleep. If the patient moves up or down, the box slides with the leg, and no harm is done. The attendants of the patient above referred to, told me that this would often happen while he was asleep, the trucks riding to and fro over the rails without the least disturbance to the position of the leg in the fracture-box.—*Cin. Med. News.*

Arsenic in Anæmia and Atrophic Conditions.—In the *Lancet*, 1885, p. 653, Dr. Wilks contributes an article on arsenic as a therapeutic agent. The author states that arsenic has a great influence in curing cutaneous affections of a gouty origin, and therefore it is not surprising that the same remedy has great power in preventing attacks of gout. In the same way, many gouty patients who suffer from neuralgia are cured by means of

arsenic. In some forms of nervous affection, the author has found it quite unique in its action, and he mentions the case of a lady who suffered for years from neuralgia in the eye-ball, which was only relieved during the times she took arsenic. The most remarkable effects of arsenic are seen in the cases of anæmia and various forms of cachexia and atrophy. Many cases of what have been styled "pernicious anæmia" have been cured by five-minim doses of liquor arsenicalis given three times a day, and two cases in which Addison's disease was suspected were completely cured by giving arsenic In cases of wasting and general cachexia its action is most efficacious, where there is no malignant disease nor other organic disease to be detected as the cause of the wasting. To say that the remedy is always successful is more than can be supposed; but, where every other means has failed, it is worth the trial to give this remedy in the form of the liquor arsenicalis in doses of from four to five minims three times a day.—*London Med. Record.*

THE SUMMER DIARRHŒAS OF INFANTS.—The *Medical Age*, of Detroit, contains, in its issue for July 25th, a valuable article on this subject, by its editor, Dr. J. J. Mulheron. He treats first of the causes of these affections, dividing them into simple diarrhœa, entero-colitis, and cholera infantum, and then speaks of the treatment as follows:

"*Simple Diarrhœa.*—Assist the efforts of nature to rid the bowel of irritant matter with a dose of castor-oil. Follow this by sufficient doses of prepared chalk to correct the acidity of the discharges, give opium to diminish the peristaltic action, and give astringents and strychnine to restore tonicity. The following is a good formula for a child of, say, eighteen months:

Tr. opii camph.....ʒ ss.;
Ext. rubus villos. fl.....ʒ j;
Tr. nucis vomicæ.....gtt. xij;
Mist. cretæ.....q. s. ad ʒ iij.

M. Sig. A teaspoonful every three hours.

"*Entero-Colitis.*—When the character of the stools, the elevation of the temperature, the disturbance of the stomach, etc., indicate the involvement of the intestine in a catarrhal inflammation, the means employed in the simple diarrhœa, which is usually the precursor of these graver symptoms, must be supplemented by other remedies. Place the child on small doses of calomel and ipecac—say a twelfth of a grain of each for a child of eighteen months—every two hours, alternated with a teaspoonful of an infusion of five chamomile flowers in a cup of boiling water. The spice poultice, moistened with hot brandy, must be laid over the abdomen. If the temperature pass over 101° F., it must be reduced by baths, the water of which must at first be tepid, and gradually cooled to 70° F., or lower, as the circumstances of the case require. Should twenty-four or thirty-six hours of this treatment be followed by no improvement, and the stools continuing or becoming more colliquative, I have found the following formula to answer admirably, quieting the irritability of both the stomach and the bowels:

Creasoti.....gtt. iv.;
Zinci oxidi.....gr. xvj;
Tr. belladonna.....ʒ ss.;
Glycerini.....ʒ ss.;
Aquam.....q. s. ad ʒ ij.

M. For a child a year old: Sig. A teaspoonful every three hours. This may be alternated with aromatic sulphuric acid, two drops in ten drops of brandy, every three hours. The spice poultice should be continued.

"*Cholera Infantum.*—Bearing in mind our conception of this affection as a neurosis, our treatment should be directed, 'first, to destroying the organisms, on which every fermentation depends for its development; secondly, to allaying the irritation of the end organs of the splanchnics in the mucous membrane; thirdly, to arresting the outward osmosis of the vessels; fourthly, to lowering the febrile temperature and removing the algid condition.' My experience leads me to speak with favor of salicylic acid and chalk, as recommended by Dr. Hutchins in the September, 1880, number of the 'Proceedings of the Medical Society of the County of Kings,' N. Y., as a remedy meeting the first and second of these indications. This combination is useful only in cases of serous diarrhœa, having no efficacy in the inflammatory or lienteric form. It acts happily, also, in allaying gastric irritability. Three grains of salicylic acid, rubbed up with two grains of prepared chalk, should be given every three hours. Care should be taken that the chalk be pure, and that, during the effervescence attending the addition of water to the powder, no odor of chlorine be emitted. Such odor denotes the presence of chlorine—a residuum of the manufacture of chlorinated soda. It is apt to exist in prepared chalk, and should be carefully avoided. The creasote formula, given above, for entero-colitis, has also answered a good purpose, especially in cases attended with much gastric irritability.

"There are few cases of cholera infantum in which the bromide of potassium will not prove helpful, and especially where there exists restlessness, wakefulness, and twitching of the muscles. It allays the irritation of the splanchnics, and of the nervous system generally.

"Baths hold an important place in the treatment of the fever of cholera infantum, and for one reason, among others, that it is of little use to administer medicines as long as the temperature is elevated. The soothing influence of a cold bath

on a child whose temperature has reached, say, 103° F., and the increased activity of the drugs administered after the bath, need but to be witnessed to make converts to this much neglected remedy in the treatment of cholera infantum. The child should be immersed up to its neck in water at a temperature of 95° F., to which cold water should be added until the bath reaches 70°, or even lower, the condition of the patient, his temperature, etc., being the guide to the reductitn. No hard-and-fast rules can be laid down to govern the temperature of the bath or its frequency. The condition of the infant must be the guide, which the good sense of the physician must be trusted to interpret and follow.

"When the child has entered the algid stage of the disease. treatment offers little hope of rescue. Alcoholic stimulants and warm baths are about the best we can apply. Belladonna, through its action on the heart, suggests itself as a remedy in this condition, and experience has shown it to be of value. By paralyzing the terminal inhibitory filaments of the pneumogastric, it gives the heart over to the sympathetic, and we have, as a consequence, increased rapidity of contraction and raised arterial tension—a condition of affairs which it would seem very desirable to secure in the cold stage,"

THE TREATMENT OF HÆMORRHOIDS BY INJECTION.—Under the above title is an article by Dr. Charles B. Kelsey, of New York, in the *American Journal of Medical Sciences* for July. Dr. Kelsey is a strong advocate of the essentially modern method of the treatment of piles by injections of carbolic acid. The acid is of varying strength. He has three solutions constantly ready, one of fifteen, one of thirty-three, and one of fifty per cent. He sometimes uses the strong acid. In a severe case he would begin with the strongest solution ; in a mild case, in one of the weaker solutions. He finds this method to be comparatively painless and uniformly successful.

The famous Western "pile cure" is composed of equal parts of strong carbolic acid and sweet oil, of which half a dozen drops are injected into each pile.

Dr. J. M. Matthews, of Louisville, gives the following rules : (1) Use the acid only in the smallest tumors. (2) Should it be used in a large tumor, inject once only in one portion, and wait several days, and then inject another portion. (3) Use the smallest amount possible in injecting, say one to three drops of the mixture of sweet oil and carbolic acid.

The injection turns the pile white, coagulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time to prevent the patient from attending to his business.

BATHS FOR RHEUMATISM.—Turkish baths are now prescribed in New York for those forms of rheumatism resulting in deformity of the joints. The baths are taken twice a week and for half an hour's duration. Several ladies who have passed through the alkaline treatment find that these baths afford them great relief.

The medicine which seems to give the most satisfaction is aqua ammonia, in twenty drop doses, three times a day, in a half tumbler of cold water, the bicarbonates of potassa and soda are objectionable, because they are liable to produce a skin disease resembling herpes.—*Med. Sum.*

TREATMENT OF PSORIASIS.—While on skin-diseases, it may be well to give M. Guibout's treatment of psoriasis. Here we reach the acme of irritant treatment, as the trouble is a sort of mumification of the skin and transformation into a sort of shell, dry and crackling, without a shadow of vitality. The indications are to remove the epidermic scales and try to revive the lost vitality. The external treatment consists in friction and baths. The substances employed by M. Guibout are : the oil of cade extracted by distillation from the *Juniperus Oxycedrus*, and next in order pyrogallic acid. The oil of cade gives the best results. The whole of the body is well rubbed with it twice a day with a piece of cloth or flannel ; then every other day a bath is given with from five hundred to six hundred grammes of subcarbonate of soda in it. If the treatment with pyrogallic acid is preferred, it should be combined with vaseline (ten to fifteen grammes of the acid to one hundred of vaseline), used in friction twice a day, and alkaline baths to follow. The pyrogallic acid turns the skin black when exposed to the air : so it must not be used on the face or neck, at it takes a long while to get rid of the color.—*Med. Times.*

HOMŒOPATHS IN THE BRITISH MEDICAL ASSOCIATION.—In the report of the Council, presented at the recent meeting at Cardiff, and published in the *British Medical Journal* we find this statement : "The Council have had under their consideration the subject of admission and retention of homœopaths as members of the association during the past year. An enquiry has been made throughout the thirty-three branches, and the result has been that there is evidence to the affect that a large majority of the members are advèrse to the admission of homœopaths as members, but an equally large proportion are opposed to the idea of the expulsion of those members who have already gained admission into the ranks of the association."

An excellent local application for the relief of neuralgia and gout is prepared by rubbing up together equal parts of thymol, menthol, camphor and chloral.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, SEPTEMBER, 1885.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

MEDDLESOME MIDWIFERY.

Some of our best thinkers have called a halt in midwifery practice. It is felt that at the present rate of advance we shall soon overtake Nature, and relegate her to a back place. Those of us who have some lingering respect for Nature, and some doubt as to the propriety of converting a physiological function into an automatic movement, regulated only by the skill and boldness of the artist, will be glad to know that protests, more or less pronounced, have been entered in several highly respectable quarters. To be just, it is proper to say, that there have always been a "remnant" who refused to be carried away on the antiseptic wave, and whose confidence in the power and completeness of the natural forces remained unshaken. Nevertheless, it must be confessed that the rank and file, no less than many eminent persons, have been borne along on this most captivating and popular wave. But a little longer and woman would have been declared unfit to deliver herself unaided, or if, perchance she did, to survive the process, unless sealed against noxious germs. But every hobby, and every practice, not well grounded, will have but its day, and so now, judging by what we read, all the fancy obstetricians are beating a hasty retreat. The principal danger now seems to lie in the probability of their being carried as far back by the ebb as they were carried forward by the flow. And thus it ever has been with the human mind, not only in the domain of medicine, but in all fields difficult or impossible to define with mathematical precision. The theorist and experimentalist is essential to progress, no less in obstetrics than in other departments; but we would all prefer that somebody else's wife or sister should be the subject of all doubtful practices. In the short cycle of our lives many queer things happen us. It now turns out, according to the evidence,, that it is quite possible to complete the process of parturition by natural forces alone. Nay, more; that the chances of woman's survival are greatly enhanced by a policy of non-interference.

In the Maternity Hospital, N. Y., out of 570 deliveries the death rate was 2.67 %. A few years afterwards, under "reform," the death rate rose to 6.67 %. Thus in 1881, out of 202 selected cases, 12 died. Of 423 cases, occurring from April, 1881, to April, 1882, but 2 deaths took place from puerperal fever, and the whole mortality was greatly reduced. These last cases were all strictly treated on the non-interference plan. Previous to the adoption of "reform," the death rate was not above the minimum in the N. Y. State Hospital for immigrants. A year since, a so-called "reform" was instituted there; the prophylactic injections and complicated manipulations were introduced, and with the direct and immediate effect of increasing the mortality rate, which became alarmingly high. At the same time, "there were on Ward's Island a large number of Russian Jewish refugees, who were filthy and despondent. Upwards of 90 of these women were delivered without a death. There were numerous forceps deliveries, but there was absolute non-interference in the after-treatment." From other quarters also comes evidence of a similar character. These figures are not probably free from inaccuracies. A mental bias is capable of presenting misleading statistics, even though the intention be honest. One thing, however, can be said in their support, namely, that for the long ages antecedent to fancy widwifery, woman was able to bring forth her young, and, to a remarkable degree, fulfil the Scriptural injunction laid upon her, to "multiply and replenish the earth."

But we would here file a caveat. We would not intentionally discredit the great work accomplished for the relief of woman in the hour of her distress

and peril, nor say anything to dim the halo of glory which crowns the host of brilliant and self-denying workers, whose names are found in this field of labor. We fully recognize the fact that nature may be assisted by art in the physiological act of parturition, and that, even in normal cases, a judicious use of known means, may, sometimes, be resorted to with advantage for the relief of pain and shortening the duration of labor. Having admitted this much, we may very properly be asked, whether there be, after all, such a thing as "meddlesome midwifery." No doubt of it. It is of two kinds, and may be classed as scientific and unscientific. The representative of the latter class, fully conscious of his lack of skill, but desirous of earning his fee and making a show, at once removes his boots, and takes up a position on the bed or couch, where he holds the fort until the agony is over. With each pain his digit finds its way into the vagina, now correcting this, and again that, and with groans and grimaces tugs away, until at last by his herculean efforts delivery is accomplished. But his work is not yet completed. "The after-birth is grown fast to the side and must be removed." A few pulls at the cord, or a rude introduction of the hand, and this is accomplished. Nothing now remains but to pompously claim credit for conducting "a bad case" to a successful and happy issue, and to retire covered with glory. This is no overdrawn picture, but a true representation of what is enacted in many cases every day, even in Canada, where the profession is fully up to the average, both as regards character and skill. Were this serio-comic performance a mere sham, devoid of positive harm to the patient, however degrading to the performer, it might be dismissed in few words. But such is not the case. Constant manipulation of the soft parts causes a dryness, and irritation painful to endure, to say nothing of the increased danger of introducing septic matter. Nor is this all. One of the tricks of these meddlers is the introduction of the finger within the os, at each pain, for the purpose of dilatation. The cervix is probably more frequently lacerated from this cause than the passage of the child. Such meddlesomeness is harmful, exceedingly indelicate, and in all respects most reprehensible.

In considering the question of undue interference on the part of the scienced and skilled obstetricians, anæsthetics and the forceps naturally suggest themselves first. The administration of chloroform and ether has been quite fashionable for a long time, especially in American cities, not in operations merely, but to allay the ordinary pain of labor. When we consider the continued depressing effects of these drugs, given in so simple a case as the extraction of a tooth, it surely cannot be regarded as a light thing to bring the parturient woman under their influence, not merely for a few minutes, but for hours together, it may be. The exhaustion caused by ordinary labor is soon recovered from, but not so the depression induced by chloroform or ether, which sometimes continues for days, marked principally by impairment of the digestive organs. The state of general muscular relaxation induced by anæsthetics predisposes to hæmorrhage, which is another strong objection to their uncalled-for use. Some authorities to the contrary, there can be no doubt that anæsthetics prolong labor. It would be easy to give both reasons and illustrations in support of that statement. It has often been said, that the forceps, as a rule, are not used early enough. This is no doubt true, but it is also true, that they are used too early, and when uncalled for, which, perhaps, is a still greater evil. Much depends, too, on whose hands hold them, for however learned we may all be, we are not all skilled workmen, capable of handling deftly any tool placed in our hands.

The use of antiseptics in ordinary cases, and under ordinary circumstances, is, to say the least, uncalled for. Both vaginal and intra-uterine injections are useful in their place and ought not to be omitted when required. It does not by any means follow that every parturient woman must be antiseptically treated. The post-partum conditions being natural, or physiological, any interference is more likely to interrupt than accelerate the restorative process. Of course, when there is reason to fear danger, owing to the severity of the labor, the use of instruments or exposure to contagion, it would be fanaticism to decline the use of antiseptic injections. But no prophylactic treatment can ever supersede general good management, cleanliness being always accorded the first place. Antiseptics may come and go, and all kinds of new-fangled theories and practices, but that obstetrician who has most faith in Nature, and who makes patience, discrimination, cleanliness and moderate conservatism his guiding star, will be able to show a record second to none.

VALUE OF SANITARY WORK.

The inestimable value of sanitary work in the maintenance of public health cannot be too frequently brought under the notice and attention of the profession and the public. Dr. Baker, the indefatigable secretary of the Michigan State Board of Health, has recently issued a circular setting forth the good results to health from sanitary work to which we desire to give special prominence. He says: Sanitary authorities have claimed that the work which they have recommended to be done as a preparation for cholera—such as preventing and abating nuisances; attending to drains, sewers, privies, and cesspools; cleaning up generally, and unusual carefulness in regard to foods and drinks—would reduce the sickness and deaths from other diseases, even if cholera did not come. The weekly reports for July, 1885, to the Michigan State Board of Health, by physicians in different parts of the State, indicate that this claim is being realized in Michigan, so far as relates to the lessened sickness—it having been lessened from nearly every disease, and greatly lessened from fevers and from diarrhœal and other diseases believed to be especially influenced by sanitary conditions; and this is true notwithstanding the fact that the meteorological conditions in that month were rather more than usually unfavorable to health. It is proper to state, however, that the sickness in any month is influenced by the meteorological conditions in the preceding month, and that the meteorological conditions in June, 1885, were favorable to health.

Observations in Michigan for many years have shown that in July the meteorological conditions especially unfavorable to health are: high temperature, excessive humidity of the atmosphere, and deficiency of ozone. The bulletin of "Health in Michigan, July, 1885, says: "For the month of July, 1885, compared with the average of corresponding months for the seven years, 1879-1885, the temperature was slightly higher, the absolute and the relative humidity were more, and the day and the night ozone were less." Compared with the average for the months of July in the seven years, 1879-1885, remittent fever, intermittent fever, dysentery, consumption of lungs, cholera infantum, diarrhœa, cholera morbus, measles, and whooping-cough were less prevalent in July, 1885." A large part of this decrease in sickness has undoubtedly been due to the medical and sanitary journals and the newspapers, which have constantly kept before the people the necessity for sanitary work, and the facts as to the spread of cholera in Europe.

It remains to be seen to what extent efforts for the exclusion of cholera from this country, and the general preparation for cholera by boards of health and the people, shall prove effectual; but even if cholera shall not be entirely prevented, there will remain the belief that the measures which have so greatly decreased the sickness from other diseases cannot but have had their influence in decreasing it; and if cholera does not occur in this country it seems quite probable that, by reason of the suffering elsewhere, there may be as many cases of serious sickness prevented in this country as there have been cases of cholera in Europe. But this may not continue without continued vigilance and effort.

CANADA MEDICAL ASSOCIATION.

The following are the papers promised up to the 19th ult. for the Chatham meeting: Dr. Osler (Philadelphia), "The Clinical and Pathological Relations of the Cæcum and Appendix;" Dr. A. Grant (Ottawa), "Aortic Aneurism, with a specimen;" Dr. W. B. Geikie (Toronto), "Retroversion of the Gravid Uterus;" Dr. Burt (Paris), "Internal Urethrotomy;" Dr. Holmes (Chatham), "Puerperal Mania;" Dr. Kerr (Winnipeg), "Fractures in the Neighborhood of Joints;" Dr. Fenwick (Montreal), "Amputation of the Breast, with cases;" Dr. Bethune (Wingham), exhibition of specimens: 1. "Parasite from an Abscess of the Thigh," 2. "Aneurism of the Pulmonary Artery;" Dr. Worthington (Clinton), "Epidemic Cerebro-spinal Meningitis;" Dr. Fulton (Toronto), "Subperiosteal Amputation;" Dr. Campbell (Seaforth), "Trephining the Mastoid Bone;" Dr. Rutherford (Chatham), "Supra-Pubic Urination;" Dr. Lett (Guelph), "Inebriety, a Disease the Result of Physical Causes;" Dr. A. H. Wright (Toronto), "Phlegmasia Dolens;" Dr. McKeough (Chatham), "Pilocarpine in Puerperal Eclampsia;" Dr. J, E. Graham (Toronto), "Dissecting Aneurism of the Thoracic Aorta, with specimen;" Dr. Shepherd (Montreal), "Excision of the Tongue;" Dr. Alloway (Montreal), "Puerperal Septicæmia;" Dr. Ryerson (Toronto), "Atrophic Nasal Catarrh;"

Dr. Atherton (Toronto), "Abdominal Section for Uterine Myomata;" Dr. Nattress (Toronto), "Field Hospitals in the North-West Territory;" Dr. A. E. Hanna (Lansdowne), "Enlarged Prostate;" Dr. Gardner (Montreal)' "Double Uterus,' with specimen;" Dr. Oldright (Toronto), "Pernicious Anæmia;" Dr. Ames (Brigden), "Rattlesnake Bite;" Dr. Wilkins (Montreal), "Specimens illustrating the Infective Nature of Tuberculosis;" Dr. Stewart (Montreal), "The Curability of Chronic Infantile Paralysis"

There is every prospect of an important and successful meeting, and we trust that all who can will be in attendance.

OBITUARIES.

HON. DR. E. A. VAIL.—It is with great regret that we announce the death of Dr. Vail, of Sussex, N. B. He has been connected with the government of his native province for many years and was well known for his many good qualities. He was born in 1817, studied medicine in Edinburgh, and graduated in Glasgow University, in 1837. Although he did not seek public honors, his personal popularity led to his nomination and election in 1857, since which time, with few intermissions, he has continued to represent his county in Parliament. He was one of the most skilful and popular practitioners in New Brunswick, and was held in high esteem socially.

DR. ALFRED JACKSON.—In the death of Dr. Jackson, of Quebec, another of the links that join the past with the present generation has passed away. He had attained the ripe age of 75 years, nearly half a century of which was spent in the practice of his profession in the Gibraltar of America. For many years he occupied the important position of Dean of the Medical Faculty of Laval University. He was one of the oldest and most respected practitioners in Quebec, and will be missed by a large circle of friends and relations.

DR. W. G. METCALF.—The news of the assassination of Dr. Metcalf, Superintendent of the Kingston Insane Asylum, by one of the lunatics confined therein, was a painful surprise to his many warm friends in all parts of the province. Dr. Metcalf was one of our most promising young alienists. He had been schooled at the feet of the venerable father of alienists, Dr. Joseph Workman, and had already attained great eminence for a man of his years. He fell a victim to that system of kindness in treatment with which he had been indoctrinated during his early career. He was born in Uxbridge in 1859, and was therefore in his 38th year at the time of his death. He studied medicine in the the Toronto School of Medicine, and graduated in Toronto University in 1872. Soon after, he commenced to devote himself to the treatment of the insane, in which he had already acquired great success. He leaves a young wife, and a daughter by a former marriage.

DR. W. H. MCDONALD.—The very sudden and unexpected death of Dr. McDonald, of this city, took all his friends by surprise. He appeared to be in perfect health up to the time of his death, and was actively engaged in his professional round of duties. The deceased was about 30 years of age, and was a most promising physician for his years. He was gold medallist of Trinity University, and although only a short time in the city had acquired an excellent practice. The cause of his death is supposed to be heart failure, probably occasioned by the use of some medicinal agent.

ACUTE DYSENTERY.—Prof. Da Costa administers ipecacuanha, in twenty grain doses, every two or three hours, guarded with opium, and has had very marked results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (one-half grain every two hours) is also very good. Rochelle salts one ounce in divided doses in the first twenty-four hours and less thereafter. This does not preclude the simultaneous use of opium. Both the ipecacuanha and the saline purgative plans should be abandoned in two days, if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, ten to twenty grains every two or three hours. The use of ice-water injections three or four times a day was originated by him some years ago, and are valuable in many cases.

PILOCARPINE IN PNEUMONIA.—Pilocarpine seems to be growing in favor in the treatment of pneumonia—especially double pneumonia. It is claimed

that the delirium so common in double pneumonia is due to a uremic cause; hence profuse perspiration will relieve the congested kidneys as well as relieve the lungs to some extent. Carefully given, pilocarpine can do no harm in pneumonia, and is worthy of trial in one-eighth grain doses hypodermically; some advise a fifth or sixth grain dose to procure profuse perspiration.

TREATMENT OF EPISTAXIS.—The following, says the *Lyon Médical*, is the procedure employed by M. Siredey for controlling epistaxis in typhoid-fever patients. Introduce up into the nostril, for a considerable distance, a piece of fine sponge of the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice, or vinegar and water. The patient should be kept lying on the face for a length of time, with the sponge in place.

SMALL-POX IN MONTREAL.—The number of cases of small-pox in Montreal during the past month has been considerably increased, and a serious epidemic is threatened. The disease is chiefly confined to the French-Canadian population, and its prevalence and malignancy is owing to the fact that as a class they persistently refuse the protective influence of vaccination. The number of cases among the vaccinated is comparatively small, and the mortality is very light. There is no better evidence of the protective power of vaccination to be found than that furnished by the statistics of small-pox in Montreal.

THE NEW ORLEANS EXHIBITION.—The New Orleans World's Exposition is again to be re-opened on the 10th of November next, under the name of the North, Central and South American Exposition, and continue open until the 1st of April, 1886. The prospectus of the new company announces a greater and more interesting exhibition than that of last year. A large number of the former exhibits have been allowed to remain and the demand for space from new exhibitors has been very great. Those who failed to see the World's Exposition will now have an opportunity of seeing one of the largest exhibitions ever held on the continent.

MURIATE OF AMMONIA IN NEURALGIA.—Dr. Darling, of Brooklyn, N.Y., (*Thera. Gazette*) recommends muriate of ammonia in half drachm doses, every half hour, until three or four doses have been taken, and regards it as a specific for facial neuralgia. He continues the remedy in smaller doses three or four times a day for a few days after the neuralgia subsides. He also advises its use in a similar way for tooth-ache.

APPOINTMENTS.—Dr. J. J. Gardner has been appointed Prof. of Anatomy, and Dr. J. B. McConnell Prof. of Histology, in Bishop's Medical College, Montreal.

Dr. Clarke, of Rockwood Asylum, has been appointed Medical Superintendent *vice* Dr. Metcalf, deceased, and Dr. Millman, of London, assistant Dr. D. A. Bowlby, of Simcoe, has been appointed assistant Physician at the Toronto Asylum in place of Dr. Robinson, who has been transferred to the London Asylum.

COMPLIMENTARY DINNER.—Dr. Horsey, Surgeon to the Midland Battalion, and Dr. Grant, jr., attached to A Battery, were tendered a complimentary dinner by the Ottawa Medico-Chirurgical Society on the occasion of their return from service in the North-West. Deputy Surgeon-General Roddick and Dr. Boyd were also present as guests.

MILK AS A VEHICLE FOR POTASSIUM IODIDE.—Dr. Keyes, of New York, recommends the administration of iodide of potassium in milk, in the proportion of ten grains to the gill. It is easily retained on the stomach and large quantities of the drug can be taken in this way.

BRITISH DIPLOMAS.—Drs. J. H. B. Allen (McGill), D. Gow (Trinity), and H. Bascom (Toronto), have been admitted Licentiates of the Royal College of Physicians, London.

We learn from the *Lancet* that Dr. Keith, the well-known ovariotomist, has just returned from a short visit to America, whither he had been summoned to give his opinion upon a serious case. This is said to be the first instance, since the Declaration of Independence, of America having summoned medical aid from the old country.

WE desire to draw the attention of our readers to the new dress which adorns the present issue, No. 1, Vol. XVIII. The letter-press has been set up in an entirely new font of type made expressly for the LANCET.

Books and Pamphlets.

THE CLIMATE OF CANADA AND ITS RELATIONS TO LIFE AND HEALTH, by W. H. Hingston, M.D., L.R.C.S., Edin., Surgeon to Hotel Dieu, Montreal, etc. Montreal: Dawson Bros.

We are much pleased to welcome this excellent work by Dr. Hingston on the above named subject. Many of the papers which constitute the work were read before the Natural History Society of Montreal, and formed part of the annual course of Somerville lectures. Many additions however have since been made, and we have in the volume before us a very interesting and valuable work on the climate of Canada. The first 94 pages are devoted to the physical qualities of our climate, the second part to its influence on life, and the third part to its influence on health. The work contains a large amount of original matter which no one could furnish who had not access to French sources of information. It will be remembered that the author read a paper on this subject last year, before the British Association for the advancement of Science, which did him the honor of selecting him from the ranks of the profession as Vice-president of the Association. The book has been written during the spare moments of an active practice within the past 25 years, and the author is to be congratulated upon his success in this literary venture. He has shown himself as much an adept with the pen as with the surgeon's knife. The work will well repay a careful and attentive perusal.

A SYSTEM OF PRACTICAL MEDICINE. By American authors. Edited by William Pepper, M.D., LL.D., Prof. of Practice of Medicine, University of Pennsylvania. Assisted by Louis Starr, M.D., Prof. of Diseases of Children, University of Pennsylvania. Vol. II. Philadelphia: Lea Bros. & Co. Toronto: Hart & Co.

A short time ago we noticed the first volume of this excellent work, and we now have the pleasure of calling the attention of our readers to the second volume. It contains the concluding section on general diseases, and diseases of the digestive system. The authors are Dr. Jacobi who writes upon rachitis; Dr. Tyson, diabetes mellitus; Dr. J. Solis Cohen, Dr. W. W. Johnston, and Dr. J. T. Whittaker, on diseases of the digestive system; Dr. Bartholow on diseases of the liver, and Dr. Alonzo Clark, on peritonitis. We have already spoken highly of this work, and see no reason to change our opinion after a perusal of the second volume. It is a faithful presentation of American medicine, and should be read by every practitioner.

MINOR SURGICAL GYNECOLOGY.—A Treatise on Uterine Diagnosis and Gynecological Practice, including Gynecological Operations. For the use of advanced Students and Practitioners.—By Paul F. Mundé, M.D., Professor of Gynecology at the New York Polyclinic, etc. Second edition, revised and enlarged, with 311 illustrations. New York: Wm. Wood & Co.

The above work of 350 pages embraces the practical part of the interesting subject of gynecology, and will be favorably received by the general practitioner, for whom it is specially intended. The book is divided into three parts. Part I, Gynecological Examinations; Part II, Minor Gynecological Manipulations and Applications; Part III, Gynecological Operations. The present edition is a great improvement upon the first edition, published in Wood's Medical Library some years ago. Though not exhaustive, it is full of useful practical hints, and deservedly merits a generous reception at the hands of the profession.

CHOLERA: ITS NATURE, SYMPTOMS, HISTORY, CAUSE AND PREVENMION, with an outline of the Germ Theory of Disease, by J. B. McConnell, M.D., Prof. of Materia Medica, etc., Bishop's Medical College, Montreal. Montreal: R. Miller, Son & Co. 25c.

The above named monograph was prepared for one of the Sommerville courses of lectures, but became so extended as to be delivered only in an abridged form. It is an interesting and comprehensive compilation on the subject of cholera, and, in view of the anticipated visitation, will be welcomed by the profession.

Births, Marriages and Deaths.

On the 5th of July, H. T. Corbett, M.D., Winnipeg, formerly of Ottawa, aged 45 years.

On the 15th of July, Alfred Jackson, M.D., of Quebec, aged 75 years.

On the 31st of July, Hon. E. A. Vail, M.D., of Sussex, N.B., aged 68 years.

On the 16th ult., W. G. Metcalf, M.D., of Kingston, Ont, aged 38 years.

On the 20th ult., W. H. McDonald, M.D., of Toronto, aged 29 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, OCT., 1885. No. 2.

Original Communications.

NOTES ON THE SURGERY OF THE KIDNEY.

BY LAWSON TAIT, F.R.C.S., BIRMINGHAM, ENG.

N. B., æt. 32, was sent to me by Mr. Gordon Nicholls, in March, 1884. She had had for some years a dull aching pain in the region of the right kidney, and it steadily increased until a tumor could be distinctly felt. She had passed large quantities of blood in the urine and had become extremely anæmic. When I saw her the tumor was as large as a fœtal head and was clearly fluctuated. On the 22nd of March I explored the kidney and found the pelvis distended with urine; there was no suppuration. The ureter was widely distended, as far as the finger could reach. I removed the kidney, because I could not reach the calculus, which I believed to be impacted in the ureter. Very little urine was passed on the 22nd and 23rd, 14 ounces passed on the 24th, 20 ounces on the 25th, 34 ounces on the 26th, and the quantity steadily increased until, on the 15th of April, it was 46 ounces, and she left the hospital on May 1st, passing nearly 50 ounces each day. On May 12th a careful examination of the urine was made and it was found to be perfectly healthy. This patient speedily regained a healthy appearance and has remained perfectly well.

E. H., æt. 19, was operated upon by Mr. J. W. Taylor, for a ruptured kidney cyst, on August 2nd, 1883, the case being published in detail in the *Lancet*, Oct. 4th, 1884. A persistent and very troublesome urinary fistula remained, which, when any attempt was made to allow it to close, gave rise to the most complicated general symptoms; it was therefore resolved that we should remove the kidney, and this I did on November 20th, 1884. The patient made a very good recovery. On the day of the operation only two ounces of urine were passed, but on the third day after, this increased to 25 ounces, and somewhere about this quantity was maintained until December 11th, when it rose to 32 ounces, and this quantity of secretion was sustained until the patient left the hospital on the 30th of December. The wound healed quickly and the patient regained her health. She was seen about a fortnight ago, when pus was still discharging from the wound, but otherwise she was perfectly well.

K. I., æt. 45, sent to me by Dr. Bottle with a large tumor of the right kidney, which felt perfectly solid, no fluctuation being discernible. On April 16th I proceeded to remove the kidney, and found, only after it had been dislodged from its bed to an extent of more than two-thirds of its bulk, that it consisted of a series of deeple-seated abscesses. The patient died of shock, about six-and-twenty hours after the operation. In this case the mistake was made of not exploring the kidney before attempting its removal. If I had opened it and passed my finger through its hypertrophied texture towards the pelvis, I should certainly have discovered the true nature of the disease. As it was, I took it for a solid tumor.

A. V., æt. 38, came to me as a hospital patient in April of this year, with a large tumor of the right kidney. I performed nephrotomy, April 20th, 1885, opening a large number of abscesses, from which cheesy pus was discharged in large quantities. I fastened in a drainage tube, and the patient went home on the 4th of May, very much improved. Owing to unfavorable domestic circumstances, her health speedily broke down, and when next I saw her she was so exhausted and broken up that I did not see my way to advise the more serious operation of removing the kidney, which I had contemplated if her health had improved.

A. T., æt. 22, came to me as an out-patient at the hospital, in May of this year. She had been married for five years and had two children, the youngest being twenty months old. For about a year she had been conscious of a tumor on the right side of the abdomen, which could only be felt in certain positions, and which moved very freely about. It was a source of constant pain, and this pain was aggravated very greatly at the menstrual periods. On examination, I first dis-

covered the tumor just on the right side of the bodies of the lumbar vertebræ, above the brim of the pelvis. When the abdominal walls were perfectly flaccid I could move this tumor in almost any direction, right across the vertebral column to the left side, upwards as far as under the liver, and down quite into the pelvis. From this mobility and the extreme and incessant pain, which was without any doubt at all, referred to the tumor itself, I had no hesitation in diagnosing it as a morbid growth of the ovary or tube, with an extremely long pedicle. I advised its removal, and proceeded to perform the operation on May 20th. When I opened the abdomen I found, very much to my surprise, that the tumor was not as I thought; it was the right kidney enlarged to about three times its proper size, and capable of being moved under the peritoneum in every direction. It did not possess any kind of mesonephron, but moved freely between the peritoneum and the subjacent tissue, very much, apparently, as one can move a warming pan between the sheets of a bed. In fact, it was what I had never seen before, a really movable kidney. As the organ seemed to be diseased, and as I could not bring myself to believe that its great mobility was the cause of the pain, I opened it and failed to find any calculus or suppurating disease. After having satisfied myself that the left kidney was quite healthy, I removed it. The patient made a very easy recovery. The amount of urine rose to nearly 30 ounces a day, before she left the hospital on the 9th of June. I have seen her within the last few days, in perfect health and quite free from pain. Dr. Suckling examined the kidney for me and expressed the opinion that it was the subject of fatty and cirrhotic alteration.

On removal, the kidney weighed 9 ounces, and the merits of the case certainly oblige me to alter to some extent what I have previously said, concerning movable kidneys. I have never seen anything in the least degree like the condition of the present case. Kidneys enlarged by general growths are very often remarkably movable, but anything like the mobility of this kidney I never saw. It may be that this mobility was the cause of its diseased condition, but I can hardly bring myself to accept that explanation, it being to my mind much more likely that its disease, to a large extent, was the cause of its mobility. I do not therefore think that I should have done any good to the patient by fixing it in position by stitching.

M. R., æt. 25, was placed under my care in May of this year, at which time she told me she had had pain in the right lumbar region for about six months, which pain was not increased on exertion, but if she engaged in horseback exercise, of which she was very fond, she inevitably passed blood in the urine. Dr. Suckling, who was associated with me in the treatment of the case, examined her with great care and expressed the opinion that the kidney area on the right side was considerably larger than that on the left. He had seen her in consultation with two other surgeons before I saw her, and at that time had been impressed with the belief that she had a calculus in the right kidney. But this belief was not shared in by his colleagues. On examination, I satisfied myself that the right kidney was larger than the left, and the symptoms were so definitely and clearly given by the patient and her husband, who was a medical man, that I came to the conclusion that the patient was actually suffering from renal calculus. As she was about to return to South Africa, the question became a very serious one as to whether she ought to return in her present condition, or be subjected to surgical interference before she started on her journey. When the question was put to me, I had no hesitation in expressing my view, that to allow a woman in her condition to pass into the wilds of Caffre Land was simple madness, because she would probably return to us with the kidney disorganized and her health seriously affected. In this view I was not supported by those who had previously seen the case, but upon my advice the patient submitted to nephrotomy, which I performed on May 23rd, and removed a large branching renal calculus. A drainage tube was inserted in the wound and the patient made a very rapid and satisfactory recovery, the only curious feature of the case being, that as long as the drainage tube was retained in the wound all the urine passed through the normal channel, but as soon as I removed the drainage tube, apparently, the whole urine of that kidney passed through the wound in the loin. Repeated trials disappointed in this way for about six weeks, when a final trial was successful, and the wound, on July 28th, was very nearly healed and the patient quite well.

E. E., æt. 52, found that her urine was thick

and offensive smelling, with occasionally blood in it, for more than two years, and during that time she had suffered from severe aching pain in the right and left loins. I found a large tumor in the position of the right kidney, and Mr. Taylor found the patient was suffering from mitral regurgitation, advised her to have nephrotomy performed, and this I did on June 16th, removing a large calculus from the pelvis of the kidney. I left a drainage tube in, but practically no suppuration occurred and the patient went home on the 27th of June, with her wound quite healed.

J. W., æt. 45, had a large painful tumor on the right side, slightly to the right side, but mostly lying over the vertebral column; it clearly fluctuated and was freely movable. It was diagnosed as a cyst of the mesentery. I opened the abdomen for the purpose of removing it on the 18th of June, and at once came upon a thin-walled cyst containing about three pints of clear fluid, and after emptying it I endeavored to shell it out from the folds of the mesentery under which it appeared to lie. This I succeeded in doing, until I came upon a fresh substance, which speedily pronounced itself to be the kidney. I had in fact been dealing with a case of hydronephrosis, in which the pelvis of the kidney had become so completely dilated that the body of the organ itself lay quite behind. Of course I had to complete the operation by removing the kidney itself. Only one ounce of urine was passed on the day of the operation, but the quantity steadily rose until it was 30 ounces, when she left for home on July 4th. She has since remained in good health and the wound is perfectly healed.

E. G., æt. 59, was admitted to the Women's Hospital in July, with a large tumor of the right kidney. She had been engaged for many years in making her living as a midwife, and had suffered a good deal during the growth of the tumor, which occupied some five or six years. She had been strongly advised not to have any operative interference, but to let the thing alone. I however advised her differently and she accepted my advice. I performed nephrotomy on July 13th and removed a very large calculus from the pelvis of the right kidney. She made an easy and rapid recovery and went home on the 27th of July.

REMARKS.—The surgery of the kidney has now advanced to such a stage that we may speak pretty positively of what can, and what ought to be done in all cases of tumors of this organ. What I have to say now is very much a repetition of what I have said in previous papers on this subject, with the exception that I have had, as I have already indicated, to modify somewhat my belief concerning movable kidneys; but even here I can confirm much of what I have already said on the question. This abnormality is so rare that this is the first case I have ever seen, in a practice which now extends over twenty-five years and which includes forty operations upon the kidney and more than twelve hundred abdominals. The second point deserving notice is, that all of these forty operations, with one exception, have been performed on the right kidney, a circumstance which certainly is very remarkable and must be something more than a mere coincidence. Some months ago, in a communication made to the Obstetrical Society, I told the story—now some fifteen years old—of an interview I had with a Board of Examiners, whom I could not satisfy concerning the treatment to which I would subject a patient submitted to me for the purpose of the examination, and who was burdened with a large suppurating tumor of the kidney. I told the Board that I should remove the kidney, as everything else seemed to have been tried fruitlessly. In reply, they told me that my surgical enthusiasm seemed to be greater than my knowledge of the practice of medicine, and we parted, never to resume further association. A singular change has occurred since then, for the kidney promises to be one of the most brilliant fields for the achievements of new surgery. Out of my forty operations on diseased kidneys, including abscesses, hydatids, sarcomas, and stones in the pelvis, I not only had thirty-eight recoveries, but I have had—so far as I know up to the time of writing—complete cures in thirty-eight out of the forty operations. In the fortieth case I failed, because I did too much; I removed a kidney with a large number of chronic abscesses in it, when I ought simply to have opened it and drained it, as an expedient preparatory to its subsequent removal. This patient died of shock, and in this I learnt the lesson, which I shall always follow in future in such cases, of opening the kidney, in order to ascertain its condition exactly before I remove it. I really think that, in this conclusion, I have to sum up all my experience in renal surgery

There can be no question that interference with the large malignant tumors, which we see in children under 14 and 15 years of age, is simply nonsense. Even if the little sufferers recover from the terrible operation which is performed in such a case, the disease will recur, and no good will have been done. But in all other tumors of the kidney, if the patient is sufficiently ill to justify interference, the disease may be attacked with a perfect certainty of procuring relief in every case and complete cure in probably 90 per cent. I do not think it matters much whether the organ be attacked by what is called the abdominal method, or the lumbar, as far as the immediate success of the operation is concerned. But I have a strong preference in my own practice for the abdominal method, if there is any likelihood of its being decided to remove the kidney, for in this way the condition of the other organ may be ascertained before the diseased one is removed. If, however, it has been determined to perform nephrotomy, and the removal of the diseased organ is a question which has been dismissed, then I think the lumbar incision may be the preferable of the two. In such a case the operation of nephrotomy is an extremely easy one, and even the removal of the kidney is not a proceeding accompanied by much danger or difficulty, unless it has been too long delayed.

THE TREATMENT OF TYPHOID FEVER.

BY G. T. MCKEOUGH, M.D., M.R.C.S.E., CHATHAM, ONT.

As many of the questions concerning the treatment of typhoid fever still remain undecided, some investigators continuing to look for a specific, whilst recognized authors differ upon essential points, a brief account of the treatment carried out in one hundred cases, with a mortality of only two per cent., may be of interest. This series of cases include all those under the care of my partner (Dr. Holmes) and myself, during the past four years. The series include no cases in which there could be any doubt as to their diagnosis; all forms of malarial fever, which might be mistaken for typhoid, having been eliminated,—such as remitting fevers of tertian or quotidian type, or those severe forms of malarial fever in which quinine not having been administered heroically at the onset, have assumed consequently a low "typhoid state"; these fevers being also common to this district.

The form of treatment pursued might be termed expectant and anti-pyretic; the most assiduous attention being given to hygienic details, to the use of means to combat unfavorable symptoms as they arose, and to the adoption of measures to keep the temperature near the normal. The carrying out faithfully of these rules, with strict adherence from beginning to end, to the golden maxim laid down by Sir William Jenner, in his classical address on the treatment of typhoid fever, delivered before the Midland Medical Society at Birmingham, in 1879, viz., "give unceasing attention to little things," have been the guides of our treatment. When a case is presented for treatment and reveals symptoms which would lead us to suspect that typhoid fever is developing, immediate confinement to bed is advised, in a capacious well-ventilated room. If the suspicions prove correct and typical symptoms unfold themselves, absolute rest in bed is ordered in the horizontal position, with occasional shiftings from side to side, to avoid fatigue, hypostatic congestion of lungs and kidneys, and any tendency to bed sores. This necessitates the constant use when required, of the bed-pan and urinal. A rigid adherence to these simple directions is strictly enforced in all cases, mild as well as severe, from the commencement of the treatment until convalescence is thoroughly established. The surroundings of the patient are carefully examined into, and endeavors made to exclude fresh accessions of poison, by the removal of any possible source of contagium.

If the sanitary conditions and arrangements of the place are very bad and facilities for transferring the patient are more easily carried out than the removal of the filth, the former procedure has been resorted to. Thorough ventilation is maintained constantly, day and night; in most cases it is advisable, perhaps, not to allow direct drafts, but where there is any tendency to hyperpyrexia, drafts, if the temperature of the patient is carefully watched, need not be dreaded; placing the patient without covering, even in winter weather, between two open windows has had decided beneficial effects in lowering the fever, and thus allaying distressing symptoms, the result of a high temperature. Positive quiet is maintained. No visitors are allowed admittance into the sick room,

and it is advisable and important that the nurse be not officious or talkative, but an intelligent person, who will carry out instructions carefully and judiciously. The walls of the sick room are bared and unnecessary articles of furniture removed. Strict attention is given to the cleanliness of the patient, sheets are removed and clean ones replaced daily. The stools are passed into a bed-pan, into which some disinfectant has been placed, and immediately removed and buried some safe distance from any habitation. Water is allowed *ad libitum*. The patient's diet is certainly one of the most important factors in the successful treatment of typhoid fever. It is essential that it should be liquid, that the weakened digestive powers may not be overtaxed, and that any source of irritation to the bowels may be avoided. As soon as the disease is suspected, with the advice "to go to bed," the patient is restricted to liquid food. In the great majority of our cases milk, to the amount of a quart given regularly in divided quantities, every twenty-four hours, is our mainstay. In some cases more can be given with impunity and without unfavorable symptoms arising. In this relation, I might say that we either examine personally the stools, or carefully inquire as to their general character and to the presence of curds in them. In others milk will not agree, or can only be given in moderate quantities. Some who object to milk will relish buttermilk ; in others, still, we have to depend upon animal broths, beef peptonoids, etc. The latter preparation, in conjunction with peptonized milk, we have used of late with great satisfaction, especially if curds are found in the stools, or if there are marked abdominal symptoms. In this way the digestive powers are conserved, diarrhœa—if that exists—is lessened, less solid matter is left to undergo decomposition, and probably fever is lowered. For what is more common after an enema, which has brought away a quantity of offensive partially digested material from the bowels, than to see a restless patient with an elevated temperature, fall into a quiet slumber and his temperature drop several degrees?

Diarrhœa has not been a very troublesome symptom in the greater number of our cases ; this may be due in part to the care bestowed upon the patient's diet. If there are not more than four or five alvine passages in twenty-four hours, no heed is paid to this symptom. If the discharges are more frequent and exhausting, they are checked by enemas of starch emulsion, half a teacupful, as often as necessary. If this fails, a small quantity of Tr. opium is added to the emulsion. If the bowels instead of being relaxed are constipated, enemas of salt and water or thin gruel are administered daily. When deep ulceration is suspected, a small injection is given on alternate days only. When hard fæcal masses accumulate in the rectum and an ordinary injection fails to produce the desired effect, a quarter of an ounce of inspissated ox gall dissolved in a cup of warm water, will produce a speedy evacuation, giving great relief. The non-administration of laxatives in any form is a *sine qua non* with us. When the stools are offensive, or there is much distension of the abdomen, charcoal is given in teaspoonful doses, mixed with cream, twice or three times a day ; or, if this form of administration prove objectionable, it may be given in large capsules. From our experience with charcoal in this disease, when its need is indicated, we have always found it a most valuable and satisfactory remedy, by checking fermentation, limiting perhaps the multiplication of disease germs and maintaining an antiseptic action. The offensive character of the stools is corrected, abdominal distension abated and the temperature reduced. The cases in which obstruction of the bowels have been caused by its accumulation must be rare.

When hæmorrhage from the bowels occur, the strictest quiet in the recumbent posture is preserved, the food is limited to concentrated material that leaves but little solid residue, such as Liebig's Extract or beef peptonoids. Ice is given by the mouth, an ice-bag is applied to the abdomen and a mixture of gallic acid and Tr. opium is administered. The latter prescription we invariably have at the bed-side of the patient in all cases after the second week, to be given if necessary, and we think life has been saved by this precaution, as some valuable time must elapse before a physician could be summoned. Directions are left for the preparation to be given immediately ; although the 'vis medicatrix naturæ' probably controls the majority of hæmorrhages from the bowels, it is well in the face of such a formidable symptom, to assist her and that right quickly.

Regarding the antipyretic part of our treatment, quinine is given freely in many cases in the early stage of the disease. The district in which we

practise is malarious and as a positive diagnosis is not always possible, the patient is given the benefit of the doubt and quinine administered. When the diagnosis is made, quinine is discarded, except in a few cases in which our usual method of reducing temperature is not applicable or objected to, when large doses are administered in the manner recommended by Wilson of Philadelphia, after the evening exacerbation has reached its height. The bath treatment was resorted to only in a few cases in which the fever ran high, the prevailing prejudice against it and its impracticableness in most houses prevents its general use; however, when it was applied, the results were excellent. But in the great number of cases the temperature was controlled by the systematic and regular use of iced whiskey or iced water and whiskey, the whiskey overcoming the popular prejudice of taking cold, applied to the outer surface of the body with a sponge; the use of a fan at the same time will greatly assist in the reduction of the temperature. By these means we have never failed to keep the temperature in the mouth or rectum ranging from 100° to 102° F. It is often necessary to prolong the sponging process and sometimes resort to it very frequently, but the benefit derived fully recompenses the trouble, irksome as it sometimes proves to the nurse. It is perhaps needless to state here that it is necessary that the attendant be properly instructed in the use of the thermometer.

The disturbances of the nervous system are often peculiarly trying. The headache and delirium of the first week may be alleviated by cold applications, the menthol point, cutting the hair, or if very distressing, the use of the bromides and chloral hydrate. Insomnia and its resultants—typhomania and coma vigil—may often be prevented by controlling the temperature from the first; but if these symptoms should supervene, alcohol, hydrate of chloral or opium may be required, for a fair amount of sleep must be secured in all cases. Alcohol we use only when failure of heart is threatened or to increase nerve energy, as indicated by tremor or delirium. And in those cases where the surface of the body is pale, the tongue dry and brown, with sordes, alcohol by paralyzing the vasomotor system in the periphery of the body overcomes this condition, relieves pressure in the internal organs, and does great good thereby.

The only medicine that we use routinely is nitro-muriatic acid, well diluted, given because it is usually well borne by the stomach, aids the digestive process and favors the assimilation of food. Whether it has any specific antiseptic action or not is yet an unsettled question. I might add, in conclusion, that frequent examinations of the urine and lungs are important, as albuminuria and pneumonia, which sometimes complicate typhoid fever, might be overlooked at their invasion, unless searched for.

HEMORRHAGE AFTER ABORTION*

BY S. S. MURRAY, M.D., THORNDALE, ONT.

Having had a number of cases of uterine hemorrhage followed by a dangerous septic condition, I thought a consideration of the following cases would be of interest. It requires a very accomodating conscience to ascribe every fatal case to circumstances over which we have no control, and to attribute every successful case to our interference. Robert Liston said, "We must learn to look boldly on the open mouths of arteries;" we must learn to keep cool where we cannot see the arteries.

Case I.—June, 1879. Miss A., æt. 19, aborted at third month. Found the patient blanched, having lost an immense quantity of blood; did not see the fœtus, as it had been disposed of. There was bilateral laceration of the os; removed placenta. In this case I injected a solution of ferri persulph. and plugged the vagina. On the third day there was a chill, fœtor of the lochia; temp. 102° By washing out the uterus with acid carb., 1-20, this subsided; the patient made a slow recovery. In this case a solution of ferri persulph. was used, but, as has been shown by Paul Broca, it requires about thirty seconds to coagulate; but from the streams of blood from the sinuses, it could not coagulate it.

Case II.—Mrs. S., æt. 32, hæmorrhage from organized clot, which was removed three weeks after abortion at about two months. The hæmorrhage in this case was not very free, but continuous, until the patient was becoming weak. In consultation, it was decided to remove what appeared to be organized clot, in amount about equal to a small walnut, and my friend, Dr. Moorhouse,

*Read before the Ontario Med. Association, June, 1885.

will doubtless remember what a difficult job we had, removing it piecemeal and mainly by the finger-nail, which is better than the placenta forceps, unless there is plenty of room. The vagina had been plugged before operating. The lochia did not smell badly at any time; the patient made a good recovery.

Case III.—Feb., 1882, A.B., æt. 23. Was sent for four days after abortion at between third and fourth months; the patient was blanched and had fainted, but on lowering the head she regained consciousness. The os uteri on examination was patulous, freely admitting the finger; the placenta was removed without much difficulty in badly smelling shreds, and further hæmorrhage was controlled by carbolized hot water injections, as hot as I could bear my hand in. The temperature in this case kept up to 103°, with chills for three days, but subsided after the uterus was washed out with carbolic injections. Nourishing diet, with two-grain doses of quinine, were administered every third hour.

Case IV.—Mrs. G, æt. 22, primipara. Was called upon to treat her, in conjunction with her family doctor, for lobular pneumonia. During convalescence she aborted at the third month; there was considerable hæmorrhage. I suggested plugging, but her family physician thought hot water would control the flooding. It did so, but the placenta still remained. It is not necessary to describe the case in detail, but I may state that, for a period of fifteen days, there was more or less hæmorrhage, but no offensive discharge. She alternated between attacks of pneumonia and symptoms resembling malaria (but which doubtless arose from the absorption of the septic material from the retained placenta). She would not permit the uterus to be examined. Six days before her death the parotid and cervical glands gave indications of suppuration. After a further consultation, permission was obtained to irrigate the uterus, which brought away quantities of shreddy material, which smelled badly; but she gradually sank, and died thirty days after the abortion.

Case V.—Mrs. T., æt. 18, primipara, aborted at fourth month. The next day I was called upon to treat her for an alarming hæmorrhage. Plugged the vagina, and after fourteen hours removed the placenta; there were no bad symptoms, the patient making a good recovery.

Case VI.—Mrs. W., æt. 30. Was not called upon to attend this case until six months after the abortion. I found the following conditions, so graphically described by John Bell: "Pale, languid, and giddy; pulse flutters and is hardly to be felt; breathing is quick and anxious, accompanied with sighing and great oppression; heart palpitates on the slightest exertion, and the slightest inclination of the head or rising suddenly from the couch endangers fainting; voice is low; eye languid, colorless and of a pearly white; the flesh feels soft and woolly, and the skin is pale and yellowish—gelatinous and, as it were, translucent, like modelled wax; dropsy appears." This latter symptom was not very marked. She had attempted to work, but had fainted so often, that she was compelled to take to her bed. She was treated with hæmatinics and quinine, and a generous diet. She is still under treatment, and it is doubtful if she will ever fully recover.

In summing up, we are to bear in mind that we are not dealing with a natural labor. The generative organs are not prepared for the strain that is put upon them. In a perfectly natural labor, the coagulating process is completed before nature is prepared to safely part with the placenta, or even manifests a disposition to expel it. The formation and presence of coagula, first in the placenta and then in the uterine sinuses, are the very agents that normally excite uterine contractions, and thus effect the expulsion of the placenta. In an abortion, on the other hand, the uterine muscular fibres are not developed, or very imperfectly, and being unable to perform their functions, the placenta is not expelled. In the normal state the placenta acts as an irritant, the uterus contracts upon it, thus forming a tampon; the contractions cut off the blood supply from the placenta, and it in turn tampons the uterine sinuses until the coagulum is formed in them. The blood thus cut off from the placenta goes to nourish the muscular fibres of the uterus, and in a little time they are strong enough to throw out the now unnecessary placenta. In a normal labor we ought to wait for from twenty minutes to one hour, until the coagulation process is completed. But in the cases we are considering, would waiting be of any service? At the end of three or four hours, or as many days, we find the placenta as adherent as ever, unless (as is commonly the case) it has become

partially separated, which fact is indicated by hæmorrhage; or we have the other condition, that of septicæmia. Playfair says, "that the one great primary cause of post-partum hæmorrhage is inertia." Therefore, to overcome the inertia, we should give ergot; then, in order to give time to act, plug the vagina, on removing which we very frequently find the placenta comes away with it. In Case 5, the removal of the cause stopped the hæmorrhage. Dr. Parish mentions a case of uterine hæmorrhage of three weeks, following a miscarriage at third month, cured by scraping with the wire curette, which simply brought away some granular matter. The application of the tampon is of great importance, as the pressure of the cotton on the uterus has a powerful effect. The best effects are obtained by not pressing each pellet of cotton too strongly, each one acting as an elastic ball; on removing these, I have found them quite elastic after fourteen hours. The vaginal orifice should close over the filling.

Concerning ergot, I have not found the various fluid extracts to act as well as an infusion of the powdered drug. If the cervix should not dilate sufficiently after using the plug, we might dilate with a tupelo tent, sufficiently to allow us to use the wire curette. Hundreds of women are sacrificed to the let-alone policy; exhausting hæmorrhage or fatal septicæmia is almost sure to follow a retained placenta. Dr. Paul F. Mundè has removed the secundines 57 times, with but one fatal result from septicæmia, and that was present before the operation. Some of the causes of hæmorrhage are, hæmophilia, mental emotion, functional disease of the liver, incautious use of stimulants, sudden assumption of the erect position; the local causes, irregular and insufficient contractions of the uterus, clots, portions of the retained placenta or membrane, retroflexion, laceration or erosion of the cervix, vagina or vulva, lacerations of the cervix being more apt to occur in premature births.

THE MODIFIED GEHRUNG PESSARY IN PROLAPSUS UTERI ET VAGINÆ.

BY W. W. TURVER, M.D., PARKDALE, ONT.

I herewith introduce to the notice of the profession a pessary suitable to cases of prolapsus uteri of the second and third degrees. It is a modification of Dr. Gehrung's (St. Louis) double horse-shoe pessary. It is composed of soft rubber, moulded on soft wire, adjustable and easily fitted to each case. It has been tested for over two years and a half in my own practice with satisfactory results. It is especially serviceable where there is much weight to be borne, as in uterine hyperplasia; also in cystocele, and in menorrhagia and metrorrhagia, associated with uterine enlargement and congestion.

Diagram No. 1.

Diagram No. 1 shows the instrument with flexible apron springing from the upper branches.

Diagram No. 2 is a side view, showing the cervix uteri resting in the concavity, and may be more minutely described as follows:

Commencing at a point *a* which is opposite the pubis to A is the rounded superior portion, one and one-half inches from side to side, on which the base of the bladder rests; A, along the dotted line to E, represents the concave portion behind *a* to A, which receives the convex anterior surface of the cervix and fundus.

E represents the flexible dependent portion or apron in which the concave portion A to E terminates, so that the flexibility of E makes it a point of motion. That is, when the fundus uteri is pushed back by a full bladder in the arc B to *b*, the cervix describes a small arc forward at E; the varying conditions of the bladder rendering continuous pressure on any portion of the anterior surface of the uterus impossible along A to E or at E.

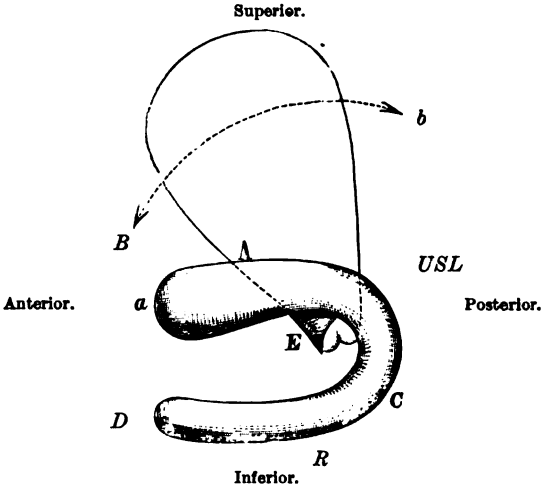

Diagram No. 2.

C represents the right side-branch of the pessary. The left side-branch is like it. Both branches pass backwards on each side of cervix uteri; downwards along the sacrum, each branch being immediately under each utero-sacral ligament if the rectum is distended, thence forwards, resting on the soft parts on either side of the rectum, and terminate in front by uniting in a curve at D immediately opposite

the ostium vaginæ. C to R is the portion that straddles the rectum, resting on the soft parts on the most dependent portion of the floor of the pelvis. The curve D is the part of the pessary felt in a digital examination when *in situ*. Passing the finger over D, the full rectum can be felt between the branches at R. Raising the point of the finger to E, the cervix uteri will be felt on a level with the lower border of the flexible apron E and resting upon it. Pressing the finger laterally, the base of the bladder may be felt folding over each side of *a* to A and encroaching on the space below the upper convex portion *a* to A.

B along the dotted line to *b* represents the curve through which the fundus swings when the bladder is full or empty. The space contained by lines connecting the letters *a* B A would indicate the position of the bladder when collapsed. U S L indicate where the utero-sacral ligaments are joined to the cervix uteri; by lifting up the uterus in the way indicated, shows how much the tension will be taken off the utero-sacral ligaments.

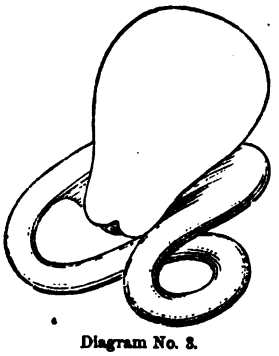

Diagram No. 3.

Diagram No. 3 shows the cervix resting on the flexible apron between the side branches.

I append a few cases in which it has been successful.

Case I.—Mrs. C. came into my hands September 26th, 1882. I found her suffering from uterine areolar hyperplasia, chronic uterine congestion, metrorrhagia and menorrhagia. The flooding had been continuous for four months. She had miserable health for the past two years or since the birth of her last child. The case was complicated by the usual secondary or remote diseases: anæmia, impaired digestion, congestion and functional disorder of the liver, neuralgias, inability to walk, etc.

By the 1st of January, 1883, most of the symptoms were improved, except the locomotion and distressing pains resulting from prolapsus uteri. I had tried an excellent pessary recommended for such cases, viz., Dr. Gehrung's, of St. Louis. It answered very well for a day or two, but was too hard and not of sufficient breadth to carry the weight. The effect on the tissues was to form a deep depression on the anterior portion of the cervix, with tumefaction of the tissues above and below the depression.

After many experiments and failures, I succeeded in producing the pessary presented to you. As soon as it was applied, she said she seemed very comfortable, and that she thought it would succeed. I visited her every three or four days for the next two weeks, and was gratified to find that it was entirely satisfactory. She immediately began visiting friends in the adjacent city, walking three or four miles every day without inconvenience. From the time the pessary was first applied, she remained under my care for six months, gaining strength the whole time. By recent correspondence, I learn that her health has been completely restored. After wearing it for three or four months, she stated that she never was so free from backache since she was a girl.

Case II.—Was a patient of Dr. Woolverton's, of the city of Hamilton, who stated that it acted satisfactorily.

Case III.—Mrs. W. came into my care in March, 1884, suffering from complete or external prolapse of the uterus of eight years' standing. Being poor and unable to pay for an operation for the purpose of diminishing the capacity of the vagina and narrowing the outlet, I concluded to try the pessary or support as I called it. She had extensive erosion of the cervix, with great difficulty in urinating, was a constant sufferer, and expected to be laid up for a month. I reduced the dislocation, by putting her on her hands and knees and using gentle pressure. I introduced Dr. Gehrung's double horseshoe pessary, recommended by Dr. Mundé, in his work on Minor Gynæcology. It caused a ring of ulceration in three or four days. I should explain that I used it because I had none of my own or hand. I removed Dr. Gehrung's and applied my own. She has been wearing it with perfect comfort and success ever since, that is for eighteen months, and began attending to her regular duties immediately, and states that she is not conscious of wearing anything, and wishes she could have seen me eight years ago.

The following letter was addressed to me, which is conclusive of continued success:

Parkdale, August 29th, 1884.

Dear Sir,—It is with much pleasure I am able to say that I am so much improved. I suffered over ten years. Since I came under your treatment I have been quite a new creature. I cannot express my thankfulness too much for what you have done for me. It is now six months since I commenced wearing your support, and I attribute my restoration to its use.

Yours truly, A. W.

I should say in explanation that she is entirely recovered from the complete prolapsus, and is now wearing the pessary for a slight cystocele. The success in this case, the patient being over sixty years of age, is due to extinction of the ovarian function, causing atrophy of the uterus when placed in the natural position. The fact of this patient wearing this instrument with comfort since March, 1884, distinctly proves that there is nothing in the material of the instrument to produce any irritation. Should there be any leucorrhœa, treat this first with glycerine and cotton tampons attached to a string, kite-tail fashion, daily. A piece of cotton saturated with glycerine or vaseline and placed between the branches for a few days, will secure toleration of the instrument at once if suitable.

The following are the directions for applying the pessary :—Place the patient on her back with the knees drawn up, turn the broad side of the pessary down, with the convexity C pointing to your left side and the side branches A and B to your right side. Take the side branch A nearest to you between your thumb and index finger of the right hand. Introduce the other side branch B until three-fourths of the pessary is introduced, then by rotating the side branch A between thumb and finger upwards, and into the right of the pelvis, the instrument is brought into its natural position, with side branches on each side of cervix, and the cervix resting on the concave flexible apron.

Correspondence.

FILARIA SANGUINIS HOMINUM.

To the Editor of the Canada Lancet.

Sir,—I herewith send notes of a case which fell under my notice presenting something new, (at least to me) and perhaps interesting to others. Patient, aged 58, physician; with exception of occasional attacks of lumbago has enjoyed good health until within a year ago, when he had a slight attack of hæmaturia ; attacks continued at intervals of a few months, but in no instance was the amount of blood passed of sufficient quantity to cause prostration. Health was considerably improved for some time previous to last attack. The first indication of trouble was the passing of several ounces of blood during micturition in the evening after returning from professional visits. Through the night hemorrhage increased to an alarming extent. Confrerès were summoned, the usual hæmostatics applied by mouth and vesical injection. Hemorrhage continued more or less for three days, leaving patient extremely weak and blanched. Strength gradually returned under ferruginous tonics. Excruciating tenesmus was experienced at each attempt to micturate, probably caused by irritation of catheter and sound which were used to facilitate the passage of blood. Did not see patient until hemorrhage had ceased. External examination of parts revealed nothing abnormal. Urine contained a mere trace of albumen, a little mucus, and abundance of phosphates ; no pus was found ; sp. gr. normal. The microscope showed a few blood corpuscles, large crystals of phosphates, a few renal and bladder epithelium, and an abundance of worms, about one-seventieth of an inch in length, tapering unequally towards each extremity very much resembling the earth worm in shape ; body transparent, without any definite structure. Some were coiled upon themselves others extended, but to all appearance lifeless. Previous to this no microscopic examination of the urine had been made.

Roberts speaks of this parasite, *filaria sanguinis hominum*, as being a not uncommon cause of renal hemorrhage in hot climates. The writer would be glad to receive through the "Lancet" any information regarding—*a*. The frequency of this parasite in our own country—*b*. Its importance as a cause of hæmaturia—*c*. Its natural history, including reproduction, method of operating, etc.—*d*. And most efficient method of dislodging it ?

Yours, etc.,

E. A. Hall, M.D.

Glamis, Ont.

Reports of Societies.

CANADA MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Canada Medical Association was held in Chatham, Ont.

on the 2nd and 3rd ult. There was a large number of members present and also a number of visitors and delegates from the United States.

The chair was occupied by the retiring President, Hon. Dr. Sullivan, of Kingston, who congratulated the Association on the splendid arrange ments which had been made for the meeting, and the excellent programme which had been provided. He briefly referred to the rebellion in the Northwest, and the part there taken by the members of the medical profession. The care of the sick and wounded had been excellent, and the highest encomiums were pronounced on the members of the ambulance corps, the members of which displayed commendable bravery. In conclusion, he paid a high compliment to Dr. Osler, the President-elect, whose scientific attainments had given him a world-wide fame, and installed him in the chair.

The address of the President on assuming the chair was an eloquent and highly interesting sketch of the history and progress of medical education in Canada. He began by referring to the early history of the Association and its trials and difficulties. He then alluded to the Medical Acts in force in the different Provinces, and especially contrasted the Act in force in Quebec with that of Ontario, which he regarded as the most perfect piece of medical legislation yet enacted in any country. The early history of medical colleges in Canada was next alluded to. The early demise of King's College medical faculty was, in his opinion, a calamity to the profession in Canada, inasmuch as it was the only attempt ever made to establish an endowed school. He next referred to the large number of medical colleges in Canada in proportion to the number of medical students, viz., eleven schools to about nine hundred students. Of these about seven hundred were enrolled in four of the schools, leaving the balance to be divided among the remaining seven schools. The impossibility of properly equipping and sustaining these smaller schools out of the fees of the students, which is almost the only source of income, was dwelt upon. In conclusion, he alluded to the handsome endowment of McGill College, and trusted that the time would soon come when the Ontario schools would be similarly endowed, especially such chairs as physiology and pathology.

Dr. Grant, of Ottawa, proposed a vote of thanks to Dr. Osler for his interesting address. The Association was then on motion divided into sections, and Dr. Harrison, of Selkirk, appointed chairman of the Medical section, and Dr. Edwards, of London, chairman of the Surgical section.

MEDICAL SECTION.

Dr. Grant read an account of an interesting case of "Aortic Aneurism," illustrated with an exhibition of the specimen. The patient had been afflicted for nearly four years before death, the treatment being complete rest with large doses of iodide of potassium. Considerable discussion followed, and great interest was manifested in the pathological exhibit.

Dr. Worthington contributed a paper on "Intermittent Cerebro-Spinal Meningitis."

Dr. Arnott read an excellent sketch on the "Sources of Malaria." Both these papers brought out an interesting discussion.

Dr. Holmes, of Chatham, presented a paper on "Puerperal Mania," and cited several cases in which it was found that laceration of the cervix was evidently the cause of the trouble. In these cases as soon as the laceration was cured recovery began.

Dr. Graham, of Toronto, presented a specimen of "Dissecting Aneurism of the Thoracic and Abdominal Aorta." The specimen was carefully examined.

Dr. Wilkins, of Montreal, read a highly interesting paper, and showed specimens—microscopical and macroscopical — illustrating the "Infectious Character of Tuberculosis."

Dr. Stewart, of Montreal, presented a paper on the curability of the "Chronic form of Infantile Paralysis" (polio-myelitis anterior chronica), which was most interesting. Galvanism was the only treatment pursued, and the internal use of medicine was not recommended. Considerable discussien followed the reading of this excellent paper.

Dr. McKeough, of Chatham, presented in very concise form notes on "The use of Pilocarpine in Puerperal Eclampsia." The conclusions arrived at were, that under certain circumstances, the use of pilocarpine was most beneficial, but that it was a remedy which experience proved should be employed with great caution.

Dr. McLean, of Ann Arbor, Mich., related a case which he considered could not be due to uræmic poisoning, but rather to reflex irritation.

Dr. Ross, of Montreal, said that attention should be paid to the irritation of the nerve centres. He

did not favor the use of pilocarpine during the convulsions, but thought that it might be used afterwards to promote reaction of the skin and kidneys. He favored the treatment of the first uræmic symptoms. He had never resorted to any means to hasten delivery in these cases. He believed that large doses of chloral hydrate were more beneficial.

Dr. Grant, of Ottawa, agreed with Dr. Ross, and thought the course recommended by Dr. Thomas, of New York, in looking carefully after the early uræmic symptoms was the best one to follow.

Dr. Bethune, of Wingham, exhibited an interesting specimen, showing a parasite removed from an abscess in the thigh.

Dr. Whiteman, of Shakespeare, Ont, read a paper on "Pelvic Peritonitis and Pelvic Abscess."

SURGICAL SECTION.

Dr. Carstens, of Detroit, read a paper on "Removal of Uterine Fibroids." The first case was that of a woman aged 40, in whom uterine fibroid was diagnosed within the broad ligament, and abdominal section determined on. On opening the abdomen, a large tumor was discovered within the broad ligament of right side and one small one. The ovaries were very adherent and were removed. The pedicles were ligatured and the tumors taken away. There was considerable hæmorrhage, and some twenty vessels had to be tied with silk and catgut. The patient made a good recovery.

The second case was a married woman aged 45, with enlargement of the abdomen and repeated uterine hæmorrhage. A submucous fibroid was diagnosed. The os was dilated with difficulty and a posterior incision in the cervix was made, the tumor enucleated and removed with an écraseur. The wound in the cervix was stitched and the patient was able to sit up in six days. Dr. Carstens insisted on the necessity of abdominal section in many of these cases.

Dr. Gardner preferred bilateral incision of the cervix in such cases, and does not sew up the wounds. He recommended irrigation of the uterus with two parallel tubes every two hours after operation.

Dr. Fulton, of Toronto, read a paper on "Subperiosteal Amputation." and cited a number of cases in which he had practised this method of amputation during the past six years, both in hospital and private practice, with most satisfactory results. This method was first advocated by Walther, seventy years ago, but was put into practice by Ollier in 1859. With the introduction of antiseptic surgery the operation was revived and now promises to take a prominent place amongst surgical operations. Dr. Fulton described the operation and stated its advantages, the chief of which are, 1st. The cut end of the bone is covered by the tissue physiologically suited to protect it. 2nd. The bone does not become adherent to the end of the stump. 3rd. The medullary canal is closed in rapidly and effectually, by new bone. 4th. Danger from the spread of inflammation or suppuration to the bone is guarded against. Experiments on animals have shown that a flap of periosteum rapidly closes the medullary canal and prevents the occurrence of osteo-myelitis. The operation is especially adapted to cases in which the medullary canal is in a soft and unhealthy condition, such as is frequently met with in amputations for diseased bones and joints. The reader of the paper was strongly convinced of the utility and value of this method of amputation.

Dr. McGraw, of Detroit, remarked that Langenbeck had performed subperiosteal amputation in 1862, but, as the case did not turn out very well, he did not continue to adopt this procedure in his amputations. Dr. McGraw believed that it is most important in amputations to draw together similar tissues. He strongly approved of the subperiosteal method of amputating.

Dr. Donald Maclean, of Detroit, said that many of the so-called advances of modern surgery are of very questionable benefit, but the one recommended by the reader of the paper seemed to have much to recommend it. It is the duty of the surgeon to pay more attention to the details, not only of the operation, but the after-treatment, and to everything to avoid unpleasant after-results.

Dr. Davidson, of Toronto, thought the operation should be more practised than it is now. He thought that in performing the operation the periosteum should be reflected back before the bone is cut, thus necessitating only one division of the bone.

Drs. Samson, of Blenheim, and Shepherd, of Montreal, also took part in the discussion.

Dr. Shepherd, of Montreal, read a paper on "Ligature of the Linguals in Excision of the

Tongue," in which he maintained that the operation of excision of the tongue, with preliminary ligature of the linguals, facilitates the removal without adding much to the risk of the operation. He considered that in excision of the tongue it is as important to excise diseased glands in the neck as it is to remove diseased axillary glands in extirpation of the breast, and the incisions for ligation of the linguals facilitate their discovery and removal. He recommended the use of iodoform gauze dressings in these operations.

Dr. Maclean, of Detroit, said that when there was no involvement of the glands of the neck, he preferred removing the tongue with the écraseur. The great danger of all the operations for the removal of the tongue is septic disease of the lungs.

Dr. Grant, of Ottawa, intended, when a proper case presented itself, to practise the operation. He related a case of deep-seated abscess of the tongue which had lately been sent to him as one of malignant disease.

Dr. Atherton. of Toronto, did not think ligature of the linguals a very simple operation. He advocated the performance of preliminary tracheotomy in excision of the tongue, as by this means the wound is kept aseptic and septic involvement of the lungs prevented.

Dr. W. Gardner, of Montreal, read the report of a case of "Double Uterus, with Atresia and Hæmatometra of left Chamber." The presence of fluid was diagnosed, and on opening into the chamber, fifty ounces of tarry blood escaped. The cavity was washed out by double drainage tubes. The patient did well for a week, but the temperature then rose and she died of peritonitis, nineteen days after the operation. The autopsy showed a bi-cornate uterus, the left portion containing tarry fluid. The left Fallopian tube was sacculated and contained the same tarry fluid, and other smaller hematoceles were found in the broad ligament; the left ovary could not be distinguished. These cases are rare and the prognosis is grave. Dr. Gardner regretted that he had not opened the abdomen, removed the tube and ovary and drained the cavity.

Dr. Roswell Park, of Buffalo, reported a case of "Extirpation of the Larynx for Malignant Disease," and exhibited a model of an artificial larynx after Gussenbauer's pattern. The case was that of a man, aged 64, who suffered from papillomatous disease of the larynx which had undergone cancerous degeneration. The operation was performed on the 28th of last June. The epiglottis was left behind, and the first ring of the trachea removed with the larynx. The wound was packed with iodoform gauze and healed rapidly. The patient was fed for the first few weeks by a tube passed through the wound. He is now wearing an artificial larynx, and can swallow well and talk with ease. The removed larynx was exhibited and showed the malignant disease completely blocking up the rima glottidis. Dr. Park said that this was the 95th extirpation of the larynx, and the third on this Continent.

Dr. Atherton, of Toronto, then read a paper on "Laparotomy for Uterine Myomata," citing two cases. In the first case the tumor was of considerable size and intra-ligamentous. The pedicle was transfixed with pins, compressed with a rubber bandage, removed by a wedged-shaped incision, and the vessels ligatured. The two edges of the stump were sewed together and the abdominal wound closed and drained. The patient recovered. The second case was a young lady, aged thirty-five who had had an enlargement of the abdomen for some years, with recurrent hemorrhages. On opening the abdomen a large tumor was found filling up the posterior part of the pelvis and firmly adherent; the adhesions were separated with the finger, and the tumor removed as in the former case, but the adhesions were extensive and troublesome. A drainage tube was used and the abdomen closed. The patient died on the fifth day.

Dr. Gardner, of Montreal, said that the suggestion of Dr. Atherton to close the cervix by a preliminary operation was a good one.

Dr. Eccles, of London, said that the removal of part of the uterus with a myoma produced a great shock, and mentioned a case in which he had removed a fibroid by the wire ecraseur in a woman aged 59. Suppuration followed but she recovered.

Dr. Jenks, of Detroit, never had a case of recovery where there were extensive adhesions in Douglas's cul-de-sac. In all abdominal operations he advised the bowels to be thoroughly emptied to prevent tympanites, and recommended the use of ox-gall as a laxative in ten to twenty grain doses,

Dr. Fulton, of Toronto, also endorsed the view that clearing out the contents of the bowels pre-

vented tympanites. He thought that the method of drainage into the vagina had not been sufficiently tried, and believed it a most scientific and rational procedure.

Dr. Rutherford, of Chatham, read a paper on "Suprapubic Urination." He described the suprapubic tapping with trocar, and the introduction of a soft catheter. He cited four cases, where the operation had been performed for retention from enlarged prostate. In one case the patient had been for four and a half years, urinating through the suprapubic opening. In another the patient, after urinating for some time through the artificial opening, was able afterwards to pass his water by the natural passage.

Dr. Burt, of Paris, Ontario, read a paper on "Internal Urethrotomy." He used Maisonneuve's instrument, and said that he had never seen any evil results follow the operation. He had frequently operated most successfully in very severe cases and with permanent relief. The operation is easy of performance and safe, and in most cases followed by a permanent cure.

The following officers were elected for the ensuing year: President, Dr. Holmes, Chatham; Vice-Presidents—for Ontario, Dr. Sloan, Blyth; for Quebec, Dr. Colin Sewell, Quebec; for New Brunswick, Dr. Earle, St. Johns; for Nova Scotia, Dr. Wickwire, Halifax; for Manitoba, Dr. Brett, Winnipeg; General Secretary, Dr. J. Stewart, Montreal; Treasurer, Dr. Sheard, Toronto; Local Secretaries—for Ontario, Dr. Wishart, London; for Quebec, Dr. Bell, Montreal; for New Brunswick, Dr. Lunam, Campbellton; for Nova Scotia, Dr. Almon, Halifax; for Manitoba, Dr. Good, Winnipeg. Quebec was chosen as the next place of meeting.

The Banquet given by the profession of Chatham on the evening of the first day, was a great success. The attendance was large and the specches unusually good. The greatest credit is due to the physicians of Chatham and vicinity for their efforts to make the meeting what really was a great success.

NEW BRUNSWICK MEDICAL SOCIETY.

The fifth annual meeting of the New Brunswick Medical Society, was held in Fredericton, on the 21st of July, Dr. Walker of St. John, President, in the chair, Dr. Musgrove, Secretary. A large number of members were present, also several delegates from the State of Maine, U.S. The President delivered an able and interesting address which was well received.

A communication was received from the Women's Christian Temperance Union, asking the Medical Society to co-operate with the Union in their efforts to prevent the drinking of intoxicating liquors, even as medicine when such medicines were not absolutely necessary.

Drs. Jonah, Coulthard, Steeves, Bruce and James Christie were appointed a committee to consider the communication.

Dr. Moore, of the Tariff Committee, reported that the tariff for applying a plaster jacket be fixed at from $10 to $50. Adopted.

Dr. Steeves reported from the medical council that the charge reported against Dr. George McKay, of Fredericton Junction, for passing under an assumed name was proved, but nothing was proved to disqualify him for membership of the society. Dr. Bayard had resigned as a member of the council and Dr. Thomas Walker had been added. The report was received and adopted.

The following officers were elected for the ensuing year:—President—Dr. P. R. Moore, Sackville: Vice-presidents—Dr. Coulthard, Fredericton, and Dr. Thorne, Havelock; Secretary—Dr. Musgrove, Carleton; Corresponding Secretary—Dr. Bruce, St. John; Treasurer—Dr. D. E. Berryman, St. John; Trustees—Drs. Barker, G. H. Coburn and Wm. Christie; Member of Council, vice Dr. Vail—Dr. G. M. Duncan, Bathurst.

Dr. Walker read Dr. Daniel's paper on "The Septic Influence of the Poison of Diphtheria in the Puerperal State," and Dr. Jonah read a paper on "The Artificial Feeding of Children." The latter paper caused a discussion in which several gentlemen took part.

SECOND DAY.

The association met at 10 A.M., Drs. Botsford, P. R. Moore, T. C. Brown and Musgrove, were appointed delegates to the Maine Medical Association.

Dr. Smith, of Woodstock, read an excellent paper on the "Causes and Treatment of Amenorrhœa."

Dr. D. R. Moore, of Stanley, read a paper on "New Remedies" which was fully discussed.

Dr. Jonah reported from the committee on the communication from the W. C. T. Union to the effect that the profession always have

endorsed the principles of temperance, while they fully recognize the value of stimulants as remedial agents, and they sympathize with the efforts of all temperance organizations to suppress the vice of intemperance, but the wording and sentiments of the resolutions presented us, are such that we recommend that the communication be placed on the table without discussion. The report was adopted.

Dr. Bruce read a very able paper on "A Clinical Study of Conjunctival Disease," which was discussed very fully.

Dr. Musgrove read a paper on "A Remarkable Case of Hysterical Contraction." He was followed by Dr. James Christie on "The Treatment of Wounds."

Dr. Sprague then read a paper on "The Causes and Treatment of Dysmenorrhœa."

Dr. Coulthard read notes of a number of cases of "Puerperal Convulsions."

The papers were discussed at considerable length and many interesting points brought out. After formal votes of thanks the meeting adjourned to meet next year in St. John, N. B. A conversazione took place in the evening, and was a great success.

Selected Articles.

TUMOR OF THE CORPORA QUADRIGEMINA.

The case recorded by Dr. Carnazzi, *Rivista Veneta di Scienze Mediche*, is of especial interest, from the light it throws on the functions of the parts involved, and from the fact that the opinion formed during the patient's life as to the nature and seat of the tumor was confirmed after death.

The patient, a man named Colombi, age 31, had good health till the middle of last July. Then he began to suffer from short sharp attacks of frontal headache, at intervals of several days. The attacks gradually increased in frequency, in severity, and in duration. Then they were accompanied by giddiness and vomiting. The mental faculties, hitherto unaffected, were disturbed only during the attacks. Silly acts were performed, ideation and perception were clouded, and memory was weakened or suspended. In the intervals between the paroxysms, the patient appeared quite well in every way. This alternation continued for two months, when the patient was taken into hospital in the middle of September.

At this time he was slow in expressing himself, and he had a slightly stupid look, but there was no lack of harmony amongst the features. The senses, sight, hearing, smell, and taste, were normal. The right pupil was somewhat mydriatic; but both reacted to light. There was no facial spasm or paralysis, and the tongue was protruded without deviation. While the patient was in bed, there was no functional alteration either in the trunk or in the extremities. When he was made to get up and walk, his gait was staggering. In the upper limb there was not any disturbance of function. There were no anæsthetic or hyperæsthetic points. Excretions and secretions were normal. The pulse and respiration were normal, and there was no fever. The patient complained only of continuous weight in the head, and of headaches recurring every ten or twelve hours, followed by vomiting or attempts at vomiting. This was the condition of Colombi when he was received into hospital, two months after the first symptoms had shown themselves

Some days after this he was seized with a slight convulsive attack, rolling over on the left axis of the body, and remaining unconscious for about ten minutes. When he came to, he was confused in mind. Vision was obscured on the right side; the right pupil was mydriatic, and the iris inert. The left eye remained normal. During the attack the radial pulse fell as low as forty-four beats a minute, and remained at this point for some hours. These attacks recurred at first at intervals of four or six days; then every twenty-four hours, and lasting two or three hours at a time. The pulse on these occasions fell to forty or forty-two beats; and the respirations became stertorous.

With the progress of the case other symptoms appeared. Strabismus occurred, at first during sleep, then in waking hours; the right eye was turned upwards, the left downwards. The head and trunk were permanently drawn backwards to the right; and lower limbs contracted. The sight of the right eye gradually diminished to absolute blindness, and the left eye followed the same course later on. In the last fifteen days of the patient's life rapidly advancing bed-sores and a sacral abscess showed themselves. On November 13 the patient died, greatly emaciated.

Professor Lussana, who saw the case, diagnosed a cystic tumor of the mesocephalon. The author, after repeated examinations, was able still further to localise the disease as a cystic tumor in the corpora quadrigemina, especially on the left side.

The post mortem examination revealed a tumor about the size of a hen's egg, situated upon the corpora quadrigemina, which it had rendered atrophic. Hardly a trace was left of the divisions between its parts. The tumor was in contact with and slightly buried in the anterior-superior border of the cerebellum, where there was a slight and superficial softening corresponding to the origin of the transverse and superior peduncles.

The softening extended about a centimetre on the right side, and a half centimetre on the left. The thickening and compressed peduncles did not present any change in texture. The tumor was a round-celled sarcomatous cyst containing about forty grammes of a creamy whitish fluid, probably mucoid degeneration. In the lateral ventricles were found several small hydatid tumors attached to the choroid plexus; four in the right ventricle, three in the left.—*London. Med. Journal.*

Treatment of Acute Rheumatism.—At the annual meeting of the British Medical Association, Dr. Pavy, in discussing the treatment of acute rheumatism, said that this was one of those subjects upon which the hospital physician might specially feel himself entitled to speak. He had formed a very strong opinion with regard to the salicylate treatment. His experience now contrasted in the strongest possible manner with his experience before the treatment was introduced. Students of the present day had no opportunity of seeing in the wards the disease run its natural course, with all its urgency and severity of symptoms, as they had formerly, when it might be said there was no treatment known that produced any decided impression upon it. To use the salicylate treatment to effect, the agent must be given largely. The usual plan at Guy's Hospital was to give twenty grains of salicylate of soda every two hours for the first twenty-four, thirty-six, or forty-eight hours. By this time the pain was generally removed from the joints, and the temperature brought down, and the patient altogether placed in an easy condition. The frequency of the dose might then be reduced to every three hours, and later to every four and six hours. What he considered of the greatest importance was that, notwithstanding the complete subsidence of the disease, the treatment in a case that was severe should be continued for at least twelve or fourteen days. He sometimes met with a certain amount of discontent in having this carried out. The patient often could not be brought to understand the necessity of being kept in bed, and upon the milk and farinaceous diet to which he was restricted for at least the time named, and would press for the restrictions imposed to be removed. His experience led him to conclude that the salicylate treatment, in subduing the symptoms as it did, simply controlled the manifestations of the disease, without absolutely removing or eradicating that which gave rise to the manifestations. Time was required for this to subside; and if, during this time, the treatment, or that which kept the condition under control was removed, immediately it manifested itself by a return of the symptoms. This was the view that forced itself upon him from what he had seen. It accounted for many of the relapses that occurred, and explained the necessity of keeping the patient under treatment for a definite time, however speedily the disease might appear to have yielded. The treatment did not influence the complication as it did the disease itself. With the disease subdued at once by this treatment, the complications were not likely to arise as under other circumstances; but, if a patient were admitted with pericarditis or endocarditis, this was not influenced in any marked manner by the treatment. Hyperpyrexia was not controlled by the treatment; if it were, the management of this grave condition would be much more easy than it was. The more acute and general the case of rheumatism, the better he considered it adapted for the salicylate treatment. Indeed, in chronic or subacute cases, or where only one or two joints were attacked, he had not found any decided benefit derivable from it. Sometimes the salicylate produced toxic effects, which constituted a barrier to its further administration to the extent required. Directly these toxic effects showed themselves, his plan was to take off the salicylate and administer salicine in a similar dose. This, he found answered what was wanted. He did not begin with salicine in the first instance, as, rightly or wrongly, he was under the impression that the salicylate was the more powerful anti-rheumatic agent of the two.—*British Medical Journal*, August 22, 1885.

Importance of Inquiring into the Condition of the Bladder.—Mr. Lund, Professor of Surgery in the Victoria University, in lecturing, spoke of some genito-urinary troubles. Referring to a topic which cannot be too often brought before practitioners, viz., retention of urine, Mr. Lund mentioned three striking cases. One was that of a young lady in whose case he was called in consultation to perform paracentesis; retention of urine was found. Another was that of an elderly man, with what was supposed to be a pelvic tumor pressing on the rectum, and causing tenesmus and difficulty in defecation. A quart of urine was drawn off, and the urgent symptoms soon disappeared. Another case was that of an elderly gentleman, who was suddenly seized with giddiness and rigors while at work in his office. Profuse perspiration came on. He went to bed and vomited. The abdomen was distended, and hernia was suspected. Mr. Lund catheterized and removed five pints of urine. Mr. Lund's second case reminded me of one recorded in Dr. Mathews Duncan's "Clinical Lectures." Dr. Duncan was sent for to pay a "satisfaction" visit to a patient said to be dying with malignant disease of the rectum. He was told that the growth could be felt in the iliac region, so far had it advanced. On examination the case was found to be one of enormous fecal accumulation in the bowel. On "digging" this out the symptoms disappeared.

When puncture of the bladder is required, Mr. Lund prefers the suprapubic method. "It is" he says, "cleaner, and an instrument can more easily be retained."

In infants, circumcision should always be performed, he thinks, when the prepuce "balloons out" during micturition. Otherwise the straining tends to cause inguinal hernia. When a hernia has been produced Mr. Lund prefers the "worsted truss."

A case of vesical calculus was described in which the symptoms of stone were marked by enlargement of the prostate. The stone was kept from pressure on the collapse of the bladder, and perhaps kept in one place by its shape, it having become moulded to the neck of the bladder above the base of the prostate. Another case was mentioned in which the converse occurred, viz., a stricture far back in the membranous urethra caused such dilatation of the prostatic portion as to set up symptoms of calculus, which subsided on division of the stricture. An interesting case was referred to by the lecturer, in which a "click" was heard on introducing a metallic catheter into a woman's bladder, after a sound had failed in pro ducing any. It was afterward found that this only occurred when the stream of urine was stopped by placing the finger on the mouth of the catheter. The bladder possessed great expulsive power, and while the urine flowed freely there was no sound. —(London Letter.)—*N. Y. Med. Record.*—July 18th.

THE FUNCTION OF THE THYROID GLAND.—Most works on physiology pass over the thyroid gland with a very superficial mention. It is said to exercise some part of importance in fœtal life, no one knows what. In extra-fœtal life it is said to partially atrophy, and to be merely a useless organ to the adult—rather worse than useless as in goitre it becomes inconvenient, and sometimes dangerous.

This shows how little we know about human physiology. Recent researches have shown that the thyroid gland has an intimate and all-important relation to the highest functions of man, those of his brain. This fact was first developed by the extirpation of the gland in goitre, a proceeding which, according to the received views, ought to be wholly indifferent to the economy. Such is far from the case. After the total extirpation of the gland, the subjects steadily loose their mental vigor; the features become heavy; the speech slow and dull; the muscular system weakens, and the skin turns rough, thick, and hard; in short, a condition gradually supervenes strikingly like that called by Charcot *myxœdema*, or the pachydermatic cachexia. They become *cretins*.

If ever so little of the gland remains, it is sufficient to prevent these changes; but its complete removal surely entails them. Experiments on dogs and cats yield similar results. The animals do not long survive, but are attacked with convulsions, somnolence and paralysis, which prove fatal.

Two theories have been advanced to expain these changes. One is that of Leibermeister, who maintains that the thyroid gland is the regulatory organ of the encephalic circulation, and that its abstraction throws this into chronic disorder. The other is that of Prof. Bruns, of Tubingen, He believes that the thyroid is either a depuratory gland which excretes certain substances poisonous to the nervous system, or that it fabricates certain substances indispensable to nervous vigor—which of the two he is uncertain.

The very important practical conclusion remains uncontested, that in all operations for goitre, a small portion of the gland should be allowed to remain.—*Med. and Surg. Reporter.*

TO PREPARE SURGICAL SPONGES.—The following is Mr. Lawson Tait's method of preparing the sponges, and but one person is trusted to do this: New sponges are first put into a large quantity of water with sufficient muriatic acid to make the water taste disagreeably acid. They remain in this mixture until all effervescence has ceased and all the chalk is removed. For this purpose it may be necessary to renew the acid several times. The sponges are afterward carefully and thoroughly washed, to make them as clean as possible and free from every rough particle. After being used at an operation, they are first washed free from blood, and then put in a deep jar and covered with soda and water (one pound of soda to twelve sponges). They are left in this about twenty-four hours (or longer if the sponges are very dirty), and then they are washed perfectly free from every trace of soda. This takes several hours' hard work, using hot water, squeezing the sponges in and out of the water and changing the water constantly. Leaving them to soak for a few hours in very hot water greatly assists in the cleansing. When quite clean, they are put in a jar of fresh water containing about one per cent. of carbolic acid, and after being in this way for twenty-four hours they are squeezed dry and tied up in a white cotton bag, in which they are left hanging from the kitchen ceiling (being the driest place in the house) till they are wanted.—*American Journal of Obstetrics.*

THE TREATMENT OF WHOOPING COUGH.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital (*Medical News*), Dr. John M. Keating emphasizes the value of the steam spray and of the atomization medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything,

he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put in the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it is wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonia bromide, as the case may demand. Chloride of ammonia he also finds of great service in the form of a spray.—*New York Med. Journal.*

The Treatment of Intra-uterine Disease.—Three papers on this subject (*Brit. Med. Jour.*, Nov. 29, 1855) were read before the Obstetric Section of the British Medical Association, at the fifty-second annual meeting.

Dr. Lombe Athill opened the discussion by a paper in which, after referring to the prejudice which formerly existed against treating the uterine mucous membrane as similar surfaces in other situations are treated, a prejudice which is fast disappearing, the author takes up the consideration of the best method of making such applications as may be necessary. He briefly sums up the conditions which demand such treatment, thus: "all affections of local origin giving rise to profuse menstruation, metrorrhagia, or uterine catarrh, or in which hyperæsthesia of the nerves distributed over the inner surface of the uterus exist." Polypi and other tumors he would exclude, but certain forms of recurrent growths, and of malignant diseases, are to be included. He specifies "local origin" in order to guard against conditions dependent upon affections of the tubes and ovaries being treated in this manner.

The agents he would employ are borax, iodine, carbolic acid, iodized phenol, nitric acid, iodoform, and solid nitrate of silver. Of these remedies, the author finds he uses carbolic acid in nearly seventy per cent. of cases requiring intra-uterine medication, iodized phenol in about fifteen per cent., and nitric acid in three per cent. Borax in the form of a saturated solution in glycerine he uses very occasionally in exceedingly mild forms of catarrh, which have nearly yielded to harsher remedies. Iodine, either in form of tincture or liniment, he considers very inert, as probably very little is absorbed, and its action is mainly caustic. Carbolic acid is the most useful agent, both for curing catarrhs and relieving pain. It should be applied every three or four days, and its use continued some weeks. Iodized phenol, which is iodine dissolved in carbolic acid, one part to three or four, is of great value in certain cases, especially of hæmorrhage. Nitric acid is the most active of the agents. It does not cause much pain, but the cervical canal should always be protected by a tube of vulcanite or platinum. Iodoform is used in the form of slender crayons in some cases of dysmenorrhœa, and of fœtid discharge from the uterus. The solid nitrate of silver as recommended by Sir James Simpson for menorrhagia, depending on subinvolution of the uterus, does not act very satisfactorily, and the author rarely uses it.

All of the agents except iodoform and solid nitrate of silver are used by winding a bit of cotton on a flexible probe, and passing it into the cavity of the uterus. By using dry cotton first, and so removing the mucus, the application will reach the uterine mucous membrane more thoroughly.

There are four conditions where it is necessary to adopt other means: (1) When the mucous membrane is so vascular that the introduction of the probes is followed by hæmorrhage. (2) When the cavity is of large size. (3) When hæmorrhage occurs as the result of vascular growths. (4) When epithelioma affects the cavity of the uterus. For all these conditions the author has been in the habit of dilating, curetting, and applying nitric acid with very good results except in cases of epithelioma. In four cases, the details of which he gives in full, where there was a vascular growth inside the uterus, and where nitric acid failed to control the hæmorrhage, he was induced to try injections of iodized phenol, diluted with an equal part of alcohol, a method which was successful in restraining the hæmorrhage, and prolonging the patients' lives.

Dr. Thomas More Madden, in his paper on the same subject, after a short historical introduction, speaks of the methods of dilating the uterine canal, as by graduated series of dilators, where the tissues are lax, or by tents, especially laminaria, when there is more rigidity. Oftentimes to get the best effect of the agent applied, even when there is no abnormal growth, a moderate curetting beforehand is of advantage. The majority of cases calling for intra-uterine medication, are, according to Dr. Madden, those of what we should call areolar hyperplasia and subinvolution of the uterus. For this treatment he recommends fuming nitric acid applied with the necessary precautions, after thorough dilatatlon of the canal. Milder applications of carbolic acid, iodoform, and tincture of iodine are recommended later.

For the treatment of tumors within the cavity of the uterus, if submucous or pedunculated, he advises enucleation or écrasement. Within the past few years he has removed forty-two such tumors with thirty-nine recoveries and three deaths. He ends with urging the importance of general as well as local treatment in these cases.

Dr. John W. Byers emphasizes the importance

of the rôle which general endometritis plays in the production of the various changes in the mucous membrane and the resulting symptoms which call for intra-uterine medication. Of the four methods, by injections, by the introduction of remedies in the solid form, by ointments, and by swabbing or painting the remedies over the interior of the uterus, he prefers the last. His testimony as to the relative value of the different solutions recommended, and as to the use of the curette, agrees with that expressed in the other papers.—*Boston Med. and Surg. Journal.*

Boro-glyceride in Skin Diseases.—Says Chas. Roberts, F.R.C.S., *Brit. Med. Journal*, as I do not remember to have seen any recommendation of boro-glyceride in the treatment of skin diseases, and as I have recently stumbled upon it and found it a most useful remedy for psoriasis and other scaly forms, and especially in allaying the itching which accompanies many forms of skin affections, I venture to call tne attention of the profession to its use. A small sample of the preparation sent by the manufacturers happened to reach me while I was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led me to the use of the boro-glyceride as a local remedy with very gratifying results, and I have since employed it with gratifying results in other cases. The action of the drug is certainly not due to the glycerine alone, as I had already tried that substance without permanent benefit. I believe that I was the first or one of the first, to call attention to the use of liquor carbonis detergens as a local remedy for chronic eczema, and I was led to employ it in the same casual manner. While engaged in making some comparative experiments many years ago at the York Hospital on antiseptics and disinfectants, a sample of the liquor carbonis was sent to me by the manufacturers, and I immediately extended its use to the treatment of eczema, and especially to the chronic eczematous ulcers of the legs common in the out-patient room of the provincial hospitals. Many patients object to the use of the liquor carbonis on account of its pungent tarry smell; but no objection of this kind can be advanced against the boro-glyceride, as it is free from scent. It has, however, the drawback of being sticky, like pure glycerine, while it has, on the other hand, the advantage over many other remedies, of not being poisonous.

Treatment of General Grant's Case.—Early in the disease, specific treatment was given in order to eliminate any possible error of diagnosis in that direction, although there were no clinical indications for specific treatment, and only negative results followed. Iodoform was used as a local application to the ulcers, and gargles composed of salt and water, diluted carbolic acid, solutions of permanganate of potash and yeast. A four-per-cent solution of cocaine was occasionally applied to the painful parts with happy results, but it was never employed to any such excess as is generally believed by the public, nor were there any bad effects manifested from its administration at any time. Red clover was given quite constantly, but it produced no effect upon the local disease. It only acted as a laxative, and was continued as being the least harmful of medicines of this sort for continuous use. A small quantity of morphia daily was injected hypodermically. His food consisted of beef extracts, milk, eggs and farinaceous materials, always in liquid form. The appetite of the patient was consulted in determining the choice of food whenever any craving existed. In March an acute inflammatory process was engrafted upon the original disease, and an exudation was thrown out which partook largely of a diphtheritic nature. To this complication was due the great depression at this time. The accumulation of mucus causing the distressing, choking spells, was chiefly owing to this engrafted inflammation and exudation. Digitalis and coca were given as heart stimulants, but the weakened condition continued, and early on the morning of April 1st, heart failure seemed imminent. The members of the family expected that every moment would be his last, and the farewells were said. Finally hypodermic injections of brandy were administered, reviving the patient, and bridging him over a threatened collapse. One week after this the exudatiou became detached, and the patient rallied and became much better—not of the cancer, but of the complication. As we are painfully aware, the cancer pursued its destructive course until death occurred July 23rd, nine months only after its beginning.—*Med. World.*

The Boy and the Bone-Setter.—Speaking of bone-setters recalls a good story which occurred in the North of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated for some time by the local medical man without any good result. His mother, who had great faith in the neighboring bone-setter, wanted the lad to go to him which he declined, preferring, as he said the "reg'lar faculty." Eventually, however, his mother's persuasions prevailed, and he agreed to allow himself to be taken to see Daniel R—, the bone-setter. A bed for the invalid was extemporized on a cart, and, accompanied by his anxious mother, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely in order, as the bone-setter said, "to get the bone in." The

lad was liberal with his screams while this was going on, but eventually the bone was "got in" and he was told to go home, and in a few days he would be all right and fit for his work. He was lifted upon the cart again, and, with his mother seated beside him, set off for their home. "Didn't Danny do the thing well?" said the joyous old lady. "Yes, he did, mother," said the lad, "but I was na sic a fool as to gie him the sair leg!" The "reg'lar faculty" will, we have no doubt, appreciate the story.—*Whitehall Review.*

Operation for Intestinal Obstruction.—Mr. J. Greig Smith gives the following concise rules for the operation of laparotomy in intestinal obstruction:

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers, as a guide to the seat of obstruction.

3. If this fail, insert the hand, and carry it successively to the cæcum, the umbilicus and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully covering it, until increase of distension or congestion, or both in one of the coils, gives an indication that the stricture lies near.

5. If there be considerable distension of the intestines, evacuate their contents by incision and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished until the bowels are relieved from over-distension.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.—*Brit. Med. Jour.*, June 13, 1885.

Cholera Morbus.—Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermic injection of morphia, gr. $\frac{1}{4}$, and atrophia, gr. $\frac{1}{100}$, to be repeated in half an hour if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity, but manifest a disposition to linger, the best results will be obtained from the administration of calomel, gr. $\frac{1}{8}$, soda bicarb., gr iij, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral 1 part, soap liniment 3 parts. Instantaneous relief can always be secured by the use of chloral hypodermatically.—*Med. Buelletin.* July.

Hydrocele in the Male.—The *Virginia Medical Monthly* for July contains an interesting clinical lecture on Hydrocele in the Male by Dr. Fred. S. Dennis, Professor of Surgery in Bellevue Hospital Medical College, New York. The most noticeable points in it are Dr. Dennis' argument in favor of always trying the palliative treatment by paracentesis first, on the ground not only of occasional inconvenient results from the radical operation, but of the frequency of cure after simple tapping. Dr. Dennis has seen many cases permanently cured by this procedure. In the first series of 100 cases operated on by Dr. Dennis, he was surprised to find 25 per cent. cured by a single tapping. Another point of interest in Dr. Dennis' paper is that he shows, on the good authority of Professor Welch, that in some hydroceles the fluid contains, in addition to albumen and cholesterine, indigo-blue. This is a new observation by Dr. Welch. The indigo-blue is supposed to be produced by the decomposition of indican, Dr. Dennis' favorite operation for radical cure is the excision of a piece of the sac, or simple incision into the sac, evacuation of the contents, and stitching the tunica vaginalis and skin together, "*under strict antiseptic precautions.*"—*Lancet.*

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No More Fortunes in Pills.—According to a Philadelphia druggist, within the past three or four years the price of patent medicines has steadily declined, and fortunes are not made so rapidly as formerly out of pills and bitters. This cutting in rates began in Philadelphia, and has gradually extended all over the country. On some medicines the cut was as high as fifty per cent., and the reduction on all patent medicines will average over twenty-five per cent. Formerly a good patent medicine that was properly handled and liberally advertised would make a fortune for its proprietor in a few years. Remedies warranted to cure all the ills that flesh is heir to, and greedily purchased by a credulous public, sold readily at retail at one dollar per bottle and cost little to manufacture. They can now be bought for fifty cents, and the bottom price has not yet been reached. There is no longer any money in patent medicines, either for the druggists or the manufacturers. Prices have been cut so that the margin of profit hardly pays dealers for handling them, and the proprietors complain that the reduction has affected their business also. They claim that their medicines cost to manufacture and put on the market nearly what they are obliged to sell for to the jobbers. There has been a great revolution in the patent medicine business, and no one can tell where it will end.—*Medical Record.*

Treatment of Nævus by Sodium Ethylate.—Samuel Welch, M.R.C.S., gives the following in the *Brit. Med. Journal*:—For some months past

ethylate of sodium has been extensively employed by me in the treatment of cases of nævus occurring in children, and up to the present I have every reason to be satisfied with its use. I paint over the nævus two coatings of sodium ethylate on two consecutive days, taking care to protect the skin before the application, and in all instances of superficial nævi thus treated, have found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or in some cases even a third repetition of the remedy. It seems to leave less scar than nitric acid, to cause less pain to the child, and of all applications is the one least dreaded by the mother.

Treatment of Venereal Diseases in New York.—A correspondent of the *Can. Med. Record*, writing from New York, says: We will now pass into the venereal ward, not, however, so much for the purpose of learning the signs, symptoms and pathology of venereal diseases (for there has been little change in the teaching on those points), as to acquire a knowledge of the latest and most approved methods of treatment. As far as I can learn, more importance is attached to irrigation of the urethra than to any other remedy for gonorrhœa. A bottle, containing a gallon of warm water, is placed near and slightly above the patient. A catheter (about No. 6 in size) is introduced to the membranous portion of the urethra. To this instrument a tube passing from the faucet of the bottle is attached, and the water is allowed to run *ad libitum*. I think that the longer this is kept up and the oftener it is performed, the more sure and speedy will be the cure. Chancroids are, as of yore, cauterized and dressed with iodoform. The chancre of syphilis is simply kept clean and dusted with calomel, and if the sore heals kindly no internal remedies, save such as might be indicated to put the patient's system in good condition to resist the disease, are used until other symptoms present themselves, and then the favorite remedy is the famous pil. duo," which consists of one gr. of sulphate of iron and two of blue mass, given three times a day. When, again, these symptoms have subsided the medicine is dropped. To make a long story short, instead of two years of mercury the symptoms alone are treated. There is much logic in this plan of dealing with syphilis, but all will admit that it is easier to carry it out in the hospital than in private practice, especially when it is known that the much-dreaded rash may be prevented or masked by continuous treatment from the date of the initial lesion.

Medical Aid to Women in India.—According to the London *Times*, India is indebted to Lady Dufferin for starting a movement which will not only supply a great want, but which also promises to have a powerful effect in paving the way for the most urgent of all Indian reforms, the amelioration of the position of women. There has just been established under her auspices as lady president, a national association for supplying female medical aid to women in India. The Viceroy is patron, the Governors and Lieut.-Governors are vice-patrons, and their wives vice-patronesses. The object is to supply in hospital wards and within private houses that medical care and advice which respectable native women will only accept from their own sex. It has been decided to make a sustained effort of an unsectarian and national character to organize and stimulate female medical education and facilitate the treatment of native females by women, and to supply trained nurses and midwives for hospitals and private houses. The association will provide scholarships for women under tuition, and will procure from Europe and America a sufficient number of skilled female medical teachers. Here is an opportunity for the female graduates of our Canadian colleges.

Chloroform for Tape-Worm.—Dr. Alfred W. Perry, of San Francisco, reports in the *Medical Record* an obstinate case of tænia lata, successfully treated by the exhibition of chloroform. The patient, a stout man, aged forty, had had tape-worm for eight years, on which he had tried all the hitherto known remedies. He always vomited the remedy used within half an hour, retaining longest the French capsules of male fern extract. Dr. Perry had made two attempts to dislodge the worm, without success, when he saw the chloroform treatment noticed in the *Medical Record*. He used it in the following manner, with entire succets: The patient was made to fast from 12 m. of the previous day, and only allowed to drink lemonade. At 7 a.m. he took one drachm of chloroform in one ounce of mucilage; at 8 a.m. one ounce of ol. ricini. The entire worm passed about 10:30 a.m. The patient was in considerable stupor shortly after taking the chloroform, which stupor lasted three or four hours. He was a large man, weighing 180 pounds. Dr. Perry thinks that one drachm of chloroform should not be exceeded as a dose.

Sée on the Treatment of Asthma by Pyridine.—This colorless and strongly-scented fluid is obtained from many organic substances by dry distillation. It has been detected in nicotine and other alkaloids and in the fumes of tobacco. It is probably the active principle of the various cigarettes and papers which have been recommended against asthma. Recent experiments by MM. Sée and Bochefontaine have shown (*Bull. Génér. de Thérap.*) that it produces in frogs and

guinea-pigs a diminution of the irritability of the respiratory centre. Pyridine has been tried in asthma with marked success; 4 or 5 grammes of this fluid are poured on a plate and placed in a small room in which the patient remains for from 20 to 30 minutes, three times a day. The respiration becomes easy, and after a few sittings the disease disappears more or less completely. The inhalations have no bad effects on the heart or general health. In spite of these good results, M. Sée still considers iodine the best curative remedy in asthma; pyridine is chiefly used against the attacks of dyspnœa.—*London Med. Record*, Aug.

Borax and Nitrate of Potassium in Hoarseness.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voice suddenly becomes lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.

Corrosive Sublimate in Venereal Warts.—A correspondent writes us that, having been advised to apply a solution of one grain to the ounce of corrosive sublimate, to a case of venereal warts which came under his care, he found after the application through a mistake a solution of ten grains to the ounce was applied. The result was so satisfactory that he determined to still further increase the strength, and on his next case he made the solution of twenty grains to the ounce with excellent results. He now also applies this solution to chancres and chancroids, and also to indolent ulcers of the uterus, and is highly satisfied with the results. He has never witnessed the slightest symptoms of mercurial poisoning from this treatment, and does not believe that the application of corrosive sublimate in this strength is liable to be followed by absorption.—*Med. Age.*

Useful Agents in the Treatment of Scarlet Fever.—When lecturing upon scarlet fever Prof. Da Costa mentioned the following agents as being of use: 1. Carbolic acid, gtt. ½, a dose for child two years of age; give in mint water. 2. Ammonium carbonate, gr. ij., every two hours, to child ten years of age. 3. Potassium chlorate, 3 j., in water, O j.; patient to drink this in twenty-four hours. 4. Salicylic acid when high temperature is present. 5. Small doses of chloral. Always keep skin active, and if heart be weak, give digitalis—if arterial tension be high, give aconite. When much exudation has occurred, he prescribed, for its solvent action: ℞. Ammonii carb., gr. x.; Liquor. ammon. acetat., f ℥ ss. M. Sig. Every four hours. If there is much depression, prescribe also quinia and digitalis in combination.—*Col. and Clin. Record.*

Cocaine in Litholapaxy.—Prof. Bruns, of Tubingen, reports a case in which he obtained local anæsthesia of the bladder and urethra by injecting a cocaine solution, with most gratifying results. The patient, a young man, had suffered for four years from stone in the bladder. Chronic cystitis was present, and evening feverishness. The injection of one gramme (mostly into the bladder itself, of a two-per-cent solution, but also a little into the urethra) produced complete local anæsthesia for half an hour, during which time a very hard oxalate of lime calculus was thoroughly crushed and removed without pain. After the injection the patient assumed a different position, to bring the fluid into contact with the whole inside of the bladder; and after the operation a little of a ten-per-cent of iodoform-glycerine emulsion was injected. The recovery was uninterrupted.

A New Cure for Indigestion.—Under this heading the *Boston Medical and Surgical Journal* states that a "gentleman of sedentary life, who has long been indisposed with indigestion and the hypochondriac passion, tried riding and several other sorts of exercises but with little effect, was at last prevailed upon, by the advice of an eminent physician, to try being tossed in a blanket. This was accordingly performed every other morning for a fortnight, and has been attended with the greatest success, the gentleman being now much better than he has been for two years past." It used to be reported, in our youthful days, that old John Jacob Astor, when too feeble to stir around, was regularly subjected to this treatment.

Treatment of Catarrh.—Dr. Henning says: I have treated hundreds of cases of nasal catarrh in all its various forms and stages, and have tried all kinds of remedies and instruments, and after close observation, have settled upon the following course of treatment:

℞ Arsenici iodidi..... gr. viij
Aquæ dest..... O j

M.—Sig. Take a teaspoonful three times a day. Continue the remedy for months, in either the acute or chronic form.

Also—

℞ Potass. permanganas..... gr. iv
Aquæ dest..... ℥ iv.

M.—Sig. Pour a small quantity in the palm of the hand and snuff up each nostril sufficiently hard so that the solution will run through the nostrils

and reach the pharynx Repeat night and morning. This treatment cures a large majority of cases speedily and permanently. I have abandoned all forms of instrument treatments and all but the above, and can heartily recommend it to the profession.—*Med. World.*

LACTIC ACID IN LARYNGEAL TUBERCULOSIS.—Dr. H. Krause, in following up the experimental application of lactic acid as pointed out by Mosetig-Moorhof, who has found it valuable in the local treatment of fungous caries, lupus vulgaris, superficial epithelioma, and papilloma, has made use of the remedy in the local treatment of laryngeal tuberculosis. The cases which he records had previously been under treatment, and a great variety of agents was used without beneficial result. Among the remedies used were iodoformized glycerine, boric acid, carbolic acid, and creasote either with morphia or cocaine.

The cases in which the pathological condition was treated are fourteen in number, and microscopic examination showed the presence of the bacillus tuberculosis in every instance. The results of the local application of the lactic acid were as follows: Hand-in-hand with the decrease of the infiltration and the scar of the ulcer a diminution of pain was noticed, and at the same time diminution of the secretion. The subjective result so far as the larynx is concerned is, that in all the patients, without exception, the condition was markedly improved.

Concerning the return and persistence of the cure after cessation of treatment nothing can be reported, on account of the limited time covered by the observations. Dr. Krause considers, however, that the use of the acid is of certain efficacy in the treatment of this form of tuberculosis, and especially worthy of trial in the light of the failure hitherto experienced in the treatment of this affection of the larynx.

Even in cases in which, owing to far advanced pulmonary tuberculosis, and the general effects of the disease, only a most unfavorable prognosis could be given, the dysphagia accompanying the disease was much diminished by lessening perichondrial œdematous infiltration. The writer further does not hesitate to express a hope that in the least unfavorable cases in which laryngeal tuberculosis has not advanced too far, and the general constitution is well conserved, the use of lactic acid will render it possible to destroy the infiltrated tissue and effect the concurrent cure of the local process. The writer, in conclusion, also suggests the application of lactic acid in other diseases of the mucous membrane of the upper air-passages, among which may be mentioned the diffused swelling and circumscribed thickening accompanying chronic nasal pharyngeal and laryngeal catarrh.—*Berliner klin Wochenschr.*, July 21, 1885.—*Medical News*, Aug. 22, 1885.

THE TREATMENT OF DIARRHŒA.—Dr. John Kent Spender tells us in the *Brit. Med. Journal*, Aug. 8, that more than thirty years ago a combination of laudanum and castor oil was much prescribed for "dysenteric diarrhœa," and he says that he has found the following formula extremely valuable for nearly all forms of sudden and acute diarrhœa, such as we often see in August and September. He combines about two minims of castor oil with three or four minims of solution of hydrochlorate of morphia (Brit. Pharm.), and rubs them into an emulsion with gum acacia. To this he adds spirits of chloroform and a little syrup. This is the quantity for a single dose, which may be repeated every hour or two, according to the urgency of the case. If the diarrhœa is chronic, the quantity of the oil is increased, and if there is much pain, more morphia is prescribed. But when this mixture fails or does little good after four or five doses, it may even aggravate the malady to continue it. Warm milk and lime-water is the best food; a mustard poultice may be put on over the stomach, and there should be absolute rest in bed.—*Med. and Surg. Reporter.*

SULPHATE OF IRON IN THE GASTRIC CATARRH OF INFANTS.—When absorbents and tonics fail to correct the acidity, Roth ("Pest. med.-chir. Presse"; "Conseiller méd."; "Rev. des mal. de l'enfance") resorts to sulphate of iron, which acts favorably in a variety of ways. In the first place, it is a disinfectant; under its use, the evacuations are changed in color and lose their offensive odor. Being an astringent, it contracts the turgid mucous membrane and coagulates albuminous matters. In order that these effects may be decided, its use should be continued for several days. The author employs the following formula:

℞.—Sulphate of iron, grs. 1½
Mucilage of acacia, } each ʒ 5
Syrup, }

A teaspoonful to be given every two hours.—*N. Y. Med. Journal.*

THE COLD DOUCHE IN INSOMNIA.—The following is recommended as a very efficacious means of producing sleep in insomnia associated with eruptive or continued fevers: The patient's shoulders are covered with a cloth and the ears plugged with cotton. Then the head being held face down over the edge of the bed, a fine stream of cold water is dropped upon the neck and occiput. The water should fall from a height of eighteen inches during a period of three or four minutes. The head is then dried, and the patient made comfortable in bed. As a general rule, sleep follows in a very short time.—*Concours Médical.*

UTERINE FIBROIDS IN THE NEGRESS.—Negro women are almost as exempt from ovarian tumors,

and especially from ovarian cysts, as the Jews are from cancer. When a colored woman consults you for an abdominal or pelvic tumor, the chances are a hundred to one that it is a uterine fibroid. If she gives a history of the slow growth of the tumor and of menorrhagia, and especially if with these symptoms there is an absence of ascites, and the tumor is round, firm, and mobile, you can scarcely be mistaken.—*The Clinique*, May.

Treatment of Leucorrhœa.—A common source of leucorrhœa is a weeping of the glands about the mouth of the uterus; and this condition we have found specially amenable to treatment by the use of Anderson's vaginal capsules, carrying absorbent cotton soaked in the following solution:

℞.—Sodæ bicarb.,	ʒ j.
Tinct. belladonnæ,	ʒ ij.
Aq. calcis,	O j.

These capsules are composed of gelatine, and after this has dissolved, the impregnated cotton is left in contact with the os, and certainly has acted with perfect success in our hands, under otherwise adverse circumstances, the discharge having been old and persistent, resisting other methods of treatment.—*Med. World.*

Gastro-Intestinal Indigestion.—Keating recommends the following treatment of acute gastro-intestinal indigestion in teething children:

℞.—Hydrarg. chlor. mit.,	gr. i.
Pulv. ipecac..	grs. ss.
Soda bicarb.,	grs. viij.
Sacch. lact.,	grs. x.

M. ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half teaspoonful doses, or the elix. cinchona co.—*Archives of Pediatrics.*

Tonic for Children.—The following is an excellent general tonic mixture for children:

℞ Potass. bromidi	gr. 1
Acid. phosph, dil.	
Tr. ferri chloridi	*aa* ʒ ij.
Syr. limonis,	
Aquæ dest.	*aa* ℥ jss.

M. Sig.—A teaspoonful every four hours, for a child from three to five years old.

Tannic Acid for Nasal Polypi.—Nasal polypi, it is said, can be readily cured by the injection of a solution of a scruple of tannic acid in a fluid drachm of water. Ten to twenty minims of the solution are to be injected into the polypus. The polypus shrivels, dries up, and comes away without pain or trouble.

Epistaxis.—Prof. Bartholow, for a case of frequent epistaxis, occurring in a young man of twenty-five years of age, recommended the following prescription, to maintain the tonicity of the blood—

℞ Ergotæ (aq. ext.)	gr. ij
Ferri sulphat.	gr. j
Extract. nucis vomicæ	g. ¼. M.

Sig.—In pill, ter die.

Coll. and Clin. Record, May,

For Asthmatic Paroxysms.—

℞ Tinct. lobeliæ.....	ʒ j
Ammon. iodidi....	ʒ ij
Ammon. bromidi.....	ʒ iij
Syr. tolutan.....	ʒ iij

M. Sig. A teaspoonful every one, two, three or four hours.

Dr. Bartholow says that the above "gives relief in a few minutes, and sometimes the relief is permanent."

For cholera infantum Dr. J. Lewis Smith recommends:

℞.—Tinct. opii,,	gtt. xvj.
Spt. ammon. aromat.,	ʒ ss. to j.
Bismuth subnitrat.,	ʒ ij.
Syr. simplicis,	ʒ ss.
Mistur. cretæ,	ʒ jss.—M.

Sig.—One teaspoonful every two or three hours to a child of eight to twelve months, until vomiting and diarrhœa are controlled.

Anti-hemorrhagic.—Five minims each of spirits of turpentine and tincture of hamamelis in an ounce of mist. amygdalæ may be given three times a day, with marked benefit in hæmatemesis, hæmoptysis, and menorrhagia.—*Texas Cour.-Rec. Med.*

Bismarck and his Physician.—It is certain that Bismarck's physician, though a charlatan, is no fool. It is related that when first presented the Prince was sick, and peevishly declined to answer questions. "As you like," said the doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions." The Chancellor was captured.

Dr. J. T. Emer, of South Waterboro, Me., says: I have tested Papine thoroughly and I will say I am well pleased with it, as it is superior to Opium in all respects, or anything of the kind, as it does not constipate or cause nausea as does Opium and its other preparations, I shall continue to use it.

To Disguise the Taste and Smell of Turpentine.—The taste and smell of turpentine are best marked by sulphuric ether. A mixture of turpentine, ʒij.; ether, ʒj.; syrup of orange, ʒj.; and water, ℥iv.; can be taken in teaspoonful doses quite readily.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

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TORONTO, OCTOBER, 1885.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

MEDICAL ACT *VS.* QUACKERY.

From the tone of the correspondence in our last number, we infer that considerable doubt exists in the minds of certain members of the profession regarding the utility of medical legislation, especially in the suppression of quackery. The younger men in the profession are especially prone to say that it is useless. They have paid certain fees, and have been obliged to take a long and expensive course of preparation. After beginning their professional career they meet with many unexpected obstacles and difficulties, but most of all the irrepressible quack. He does not "hang out his shingle," nor as a rule flaunt himself before the public as formerly; but he is there all the same, and hence the young practitioner, who knows nothing of by-gone times, fancies that he spent his money and time for nought. But let us for a moment contrast the past with the present. Formerly, a considerable number of those practising, either had no previous training, or had taken but a partial course. Anyone was at liberty to attach M.D. to his name and announce himself qualified to practise medicine. About the only barrier was inability to collect fees by process of law. There were three systems or schools authorized by law, each holding corporate rights. Two of them had no schools or colleges, yet they were able to graduate doctors with amazing facility. The third had several faculties, but owing to rivalry their standard was somewhat low and behind the requirements of the times. Each year doctors were turned out in great numbers, and altogether beyond the requirements of the country. Professional dignity and standing were at a low ebb. An M.D. was thought no more of than a K.C.B. is now, and cultured medical men thought themselves degraded by the company they were compelled to keep. In short, pathies were multiplying, quackery was rampant and audacious, and but a brief space longer and the country would have been captured by the charlatans.

Such is a brief representation of the unhappy condition of things, when some of the more thoughtful of the profession began an agitation for reform. These men asked the legislature for fresh legislation, and after encountering many defeats and disappointments, they were at length successful.

Instead of three separate systems or schools recognized by law, the law now knows no particular system or doctrine, and instead, demands a thorough preliminary and professional education, without regard to dogmatic opinions,—thus uniting and exalting the whole into one strong and dignified body. Every candidate seeking admission into this body must pass through a long course of arduous labor, and before admission, prove himself well skilled in all that pertains to the practice of medicine. Graduates are no longer turned out in hundreds, and none but competent persons find their way into the profession. To be sure, we still have the quack with us, but "he is not numerous." Pressed as he now is, and will be, according to natural law, a few years more and he will all but have disappeared. A "look at this picture, and then at that," is surely enough to convince any reasonable mind that the Medical Act has most fully met the ends for which it was created. All who remember the utter chaos, under the old order, cannot but wonder how successful the law has been and how much good has been accomplished, both in the interest of the profession and the public at large.

The Medical Act does suppress quackery, and besides, does many other good things, of which we should feel proud. It has brought order out of chaos, harmonized discordant elements, advanced education, and given a standing and dignity to the profession not enjoyed in any other country.

But after all, the medical profession are but co-partners under the law. This is an element in

the question too generally left out of consideration. The people have a voice in this matter. No legislature could have been prevailed upon to pass a law creating a medical monopoly irrespective of private rights. The privileges and immunities granted are assumed to be reciprocal between the profession and the people. We are indebted to the people for the encouragement and protection we receive from the law, and the people are indebted to us for the higher skill and the better protection to health and life we are able to give in return. Let no one think the law was framed solely in the interests of the profession. The public interest is paramount, and can never be lawfully subordinated to individual or corporate rights. Some members of the profession would do well to consider these things, and ask themselves the question: Have we been expecting too much, and more than any law could confer? There is a law against theft and murder, but that does not absolutely prevent these crimes, and no one would argue that the law should therefore be abolished. As no law can ever change the propensity to do evil, so no legislative enactment can absolutely prevent the perpetration of crime. Quackery is an offence most difficult, if not impossible to suppress. In spite of all laws, we shall always have with us the quack, as well as his willing dupes. We must rest satisfied with making him an outlaw, and causing him to move darkly and operate within narrow limits, just like the thief or highwayman. That the law does suppress quackery is certain, but whether we have reached the highest point in that behalf is another matter. The question has been a difficult one to deal with from the start. In the passing of the law the legislature tempered it with mercy for the quack, by providing for the registration of all persons in practice for two years and over, irrespective of any other qualification. This left out in the shade a good many better qualified than some who were permitted to register. Then there was the question of public sentiment. The people were not always able to see why all the pretenders should be exterminated. A policy of tolerance was also stoutly maintained by influential organs of public opinion. Under such circumstances a relentless prosecution of the quacks might have resulted in tumbling the whole fabric over our heads. Successive Councils recognized these facts, and foreseeing the danger, wisely resolved to make haste slowly. The results are a sufficient justification of the wisdom of that policy. With the lapse of time, however, all these considerations have been losing in force. Nearly all the old quacks and irregulars have passed off the scene, and those now found contravening the law are mostly persons who entered upon their course fully cognizant of the criminality of their acts. Such persons can lay no claims to mercy, and ought to be dealt with to the full measure of the law. No doubt public opinion has also undergone a change, and would now not only tolerate, but look with favor on the punishment of all quacks.

The Medical Council at its last meeting authorized each territorial representative to appoint one prosecutor. That was tried before and found inadequate. There should be one at every important centre of population. One detective for a whole district is almost useless. Of course, prosecutions must always be more or less under the direction of members of the Council. This is necessary to the exercise of judgment and discrimination, and to prevent harsh and uncalled-for prosecutions, as, for example, in the case of foreigners called to see special cases, or acting in emergencies.

LOCAL HEALTH OFFICERS.

The organization throughout the Province of Ontario of local boards of health opens up a new field in medicine. Already there are between two and three hundred boards organized. A large proportion of these, indeed nearly all of them we believe, have each a medical health officer associated with the board. There are over six hundred municipalities in the Province, and in accordance with an Act passed by the Legislature last year, each one is required to organize a local board of health, or, failing to do so, the Government may appoint the board. In a short time, therefore, there will necessarily be a board in every municipality. It is altogether probable that nearly every board will appoint a medical practitioner, who will be the chief officer, and nearly one-third of the medical practitioners in the Province will therefore be directly associated with the local boards of health, engaged in the prevention of disease.

There are two points of special interest in connection with this subject which we desire to refer to. The first relates to the duties of the medical

health officer; the second to the remuneration for his services. With regard to the duties of the medical health officer, many people appear to think that they consist in great measure in prying about into back lanes, alleys and back ya ds, seeking for manifest and manifold causes of disease. We need hardly say, such forms no part of the duties of the medical officer, but of those of an inspector, which every board of health should employ. The medical officer's duties are largely of an advisory nature. He is to decide as to what is or is not injurious to the public health. He must be familiar with the Public Health Act, and he should advise and urge the board to adopt all reasonable practical measures for preventing the development and spread of disease. On the outbreak of any epidemic disease his advice is particularly desirable, as relates to isolation, the providing of proper hospital accommodation, disinfection, and to the time when danger from the infection shall be over. His advice should be sought in reference to the water supply, whether of wells or other sources, and to the milk supply, while he should see that inspection of the latter is properly carried out. He may urge the necessity for draining certain localities. In short, he should endeavor to have a good sanitary system adopted by the board for the municipality, and to see that it is properly carried out in all its various parts. The position of a medical health officer who takes a deep interest in preventive medicine is no sinecure.

With reference to the question of remuneration, we would recommend medical practitioners not to demand high fees or salaries when requested to accept the position of medical health officer. To do so would be against the best interest of the public health. At this early period in the development of preventive medicine, it would deter many municipal authorities from engaging the services of a medical man. While this would of course be a much greater disadvantage to the public than to the profession, it is the duty of the physician to consider first the interests of the public or of the community in which he lives. Hence it would be well for him to demand only what that community are willing, rather than what they may be able, to pay. In this way the physician will help to develope a most desirable system, in which the profession will become very generally employed in that branch of medicine which is the most elevating and important of all—that of directly promoting the public health by the exercise of their skill in preventing disease. Notwithstanding the desirability of medical practitioners being very reasonable at first in their demands for such services, we trust that they will at the same time let municipal authorities understand that their services in their behalf are most valuable to the community, when thus associated with boards of health in efforts to prevent sickness, and therefore the municipality must fairly remunerate them for such services. Moreover, to accept a position of the kind at a merely nominal salary, or per diem fee, or honorarium, would be an injustice to other practitioners, which should not be overlooked. The wisest course, then, would seem to be for physicians to demand a moderately reasonable consideration for the commencement, with the view of an increase in the future.

CANADA MEDICAL ASSOCIATIOM.

The eighteenth annual meeting of the Canada Medical Association was held in Chatham, Ont., on the 2nd and 3rd ult., the President, Dr. Osler, in the chair. There was a large attendance of members present. A number of American physicians were also present, and most heartily welcomed to all the privileges of the meeting. Hon. Dr. Sullivan, the retiring President, opened the proceedings by a short speech, in which he congratulated the Association on the excellent arrangements made for the meeting, and the programme which had been provided. He alluded to the very creditable part taken by the members of the medical profession in the North-West Rebellion, and the satisfactory manner in which the sick and wounded were cared for. He also referred in a complimentary way to the President elect, Dr. Osler, of Philadelphia, whom he installed in the chair.

In the afternoon the President delivered the annual address which was listenod to with marked attention. The subject was the history and progress of medical education in Canada. On motion of Dr. Grant, of Ottawa, a vote of thanks was tendered to the President for his able and interesting address. The Association then divided into sections, Dr. Harrison, of Selkirk, being elected chairman of the medical section, and Dr. Edwards, of London, chairman of the surgical section. The

papers in each section were interesting and instructive, and were very fully discussed. Several of these papers will appear in future issues of the Lancet. The dinner which was given by the brethren in Chatham on the evening of the first day was a most magnificent spread, and the proceedings were thoroughly enjoyed. The speeches were excellent after-dinner efforts, and the night was far spent before the entertainment came to a close.

The first order of business on Thursday morning was the election of officers. Dr. Holmes, of Chatham, was elected President, and Quebec chosen as the next place of meeting. The election of Dr. Holmes as President for next year meets with the greatest favor. He and the other physicians of Chatham were most indefatigable, and made the meeting there most pleasant. The General Secretary, Dr. Stewart, of Montreal, is the right man in the right place, and has already shown his ability for the office to which he has been re-elected.

PERSONAL EXPERIENCE OF A PHYSICIAN IN THE USE OF BEEF PEPTONOIDS.

Clinical evidence as to the value of Messrs. Reed & Carnrick's new preparation is being freely tendered, while chemists of the highest eminence pronounce it the most perfectly concentrated nitrogenous food yet offered for examination. Personal experience of its use is, naturally, of more rare occurrence, and we consider the testimony of Dr. Bell of so much interest to the profession as to call for its wide publication. We subjoin Dr. Bell's letter, and fully endorse his estimate of the recuperative properties of this admirable preparation :

Yarmouth, Nova Scotia, Sept. 3, '85.

For the first three months of current year I was prostrated with gastric trouble, and for seven days, during latter part of third month, found it impossible to retain food upon the stomach. In this exigency Pepsin of various leading brands, as also bismuth (in powder and solution), oxalate of cerium, and ingluvin, were successively tried with no beneficial result. So obstinate and pertinacious indeed was the attack of emesis that indications pointed strongly to fatal results through inanition. At this juncture "Beef Peptonoids" was suggested by Mr. O. C. Richards, a local druggist, as worthy of trial, and was taken up as a *dernier ressort*. Notwithstanding the fact that this preparation is continuously advertised in the medical journals, I had never tested it in my practice, and was hopeless of profit from its use after having failed with all the generally accepted remedies. The result, however, was so markedly beneficial, and the preparation so quick in action, that I consider it a duty to the profession to place my personal experience on record.

The first day's use of the Beef Peptonoids gave notable relief and accession of strength ; on the second day the vomiting was materially reduced, with steady improvement until the fifth day, when this distressing feature was entirely eliminated from my case. Convalescence was rapid under continuance of this treatment.

I need hardly add that the preparation holds high place in my esteem. I have prescribed it in many critical cases, and have no hesitation in testifying to its extraordinary recuperative properties. In dyspepsia I have found it a most valuable agent: as a nutrient after childbirth it has done excellent work in my practice—materially increasing the quality and flow of milk,—and indeed, in all asthenic conditions I have proved it to be a constructive of rare merit.

George Bell, M.D.

JOHN MACKIESON, M.D.

We regret to announce the death of Dr. Mackieson, of Charlottetown, P. E. I. He was the oldest practitioner in Canada, having been in practice for nearly three-quarters of a century. He was a native of Stirlingshire, Scotland, was born in 1795 and was consequently in his ninetieth year at the time of his death. He graduated in Glasgow University in 1815, and emigrated to Charlottetown in 1821. For fifty-five years he was an elder in St. James' Presbyterian church in his adopted city. At one time he was Superintendent of the Hospital for the Insane. His library contains some very rare and ancient books, and he has left the manuscript of a work on "Prescriptions and Prescribing," which we trust the administrators will hand over to some publisher.

The Radical Cure of Hernia.—The operation for radical cure of hernia is not performed in this country nearly as often as is demanded. We can see no reason why a simple, reducible hernia should not be operated upon for radical cure in all cases, and more especially in children and persons under

middle age. It is eminently more rational to perform the operation with a slight risk than to have our patients pass through life constantly wearing a cumbersome truss, or with the troublesome annoyance of a scrotal hernia, which is almost certain to increase iu size gradually.

The English surgeons, of late years, are performing the operation for radical cure with impunity; we are doing it, as a rule, only when the operation is forced upon us as the only relief for strangulated, irreducible hernia. Under these conditions the operation is demanded, but in many cases is postponed until inflammation has supervened, either through rough manipulation, or severe strangulation long continued. We will venture the assertion that more deaths have been caused by strangulated hernia than would have occurred from the operation for the radical cure. Those who have hernia are never free from danger of strangulation, and hence their lives are constantly in jeopardy from this cause.

The number of trusses sold is indicative of the number of persons suffering from hernia, and the same is also indicative of the number adjusted by physicians, very few of whom, if any, advise operation or warn the patients of the danger they are subjected to. There are many different modes of operating, but we will not refer to them. In all the operations there is but one incidental danger of any magnitude—peritonitis—all other dangers being merely accidental. The bowel may be accidentally punctured by deep sutures, the cord or vessels may be injured or tied in the operation, or the vessels may be punctured. These possible dangers are trivial, however, and need scarcely be mentioned. We admit there is some little danger accompanying the operation; still we hold that in proper cases the dangers are not in proportion to the relief and advantages.

The time is in the near future when this operation will be the rule in properly selected cases. There have been, and probably always will be, some failures, and a few deaths, but such, as shown by statistics in England, are extremely few, and can offer no comparison to the relief afforded.

THE INTERNATIONAL MEDICAL CONGRESS.—The committee appointed at the meeting of the American Medical Association in New Orleans, met in New York on the 3rd ult., to fill the vacancies caused by the resignation of previously appointed officers of the Congress, and adopt rules for the government of the Congress. One of the first acts of the committee was to rescind the rule which closed the doors of the Congress against all who were not members of the association or of societies in affiliation with it. Any member of the regular profession may become a member of the Congress. The fee for membership is ten dollars, but no dues shall be exacted from foreigners. Dr. Flint, Sr., is to be President and N. S. Davis General Secretary. These gentlemen are well known both at home and abroad, but many of the Presidents of Sections are scarcely known to the profession of their own country. It seems a pity that the committee had not gone a little further and removed all impediments to a complete success of the coming Congress.

HOSPITAL FOR WOMEN.—We are pleased to announce that a hospital for women has been opened in this city, in connection with the sisterhood of St. John the Divine, of the Church of England. In noticing the leading features connected with this hospital, we desire to congratulate the Mother Superior, who mainly by her own efforts has been instrumental in completing this work, upon the large measure of success which she has achieved. So far as the profession is concerned, the chief advantage in having this hospital in our midst, is, that within its walls any regular practitioner will be permitted to introduce patients and have their treatment in his own hands, subject only to the rules governing the institution, which are such as may be cheerfully complied with. The hospital will at present accommodate between ten and twelve patients, in pleasant, well-ventilated and convenient rooms. Three beds are set apart for poor women who are unable to pay anything towards their maintenance and treatment, whilst the remainder of the hospital is for patients who are able to pay according to their means. The sisters will act as nurses, and from their careful training and lives devoted to a holy calling, it is reasonable to expect that nothing will be wanting in this respect. The building was formally opened and dedicated by the Bishop of Toronto a few weeks ago. It is situated on the corner of Lumley and Robinson streets. For the guidance of practitioners in the country, who may wish to send

patients for treatment, information will be gladly furnished by communicating with the Mother Superior. We confidently predict for the hospital a grand and useful future.

Extra-Uterine Fœtation. — The successful treatment of a case of extra-uterine fœtation by means of electricity, is reported by Dr. Gardner (*Can. Med. and Surg. Journal*, Aug.). A strong Faradic current was applied. One electrode—an olive-shaped insulated metallic bulb, covered with chamois leather—was introduced into the rectum. The other—an ordinary sponge electrode—was applied over the tumor in the hypogastrium. The applications were of seven minutes duration, and repeated for osme time daily. On the second day exfoliation of the decidual membrane of the uterus took place, accompanied with a bloody discharge. The tumor presented symptoms of inflammation, and suppuration was at one time anticipated, but did not take place. The patient made an execllent recovery.

Removal of Plaster Bandage.—Dr. Krosz (*Deut. Med. Zeitung*), says that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife and then dropping along it a solution of caustic soda. In a few moments the plaster becomes pulpy along this line, and the bandage can then easily be cut through If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked and the limb is not jolted in the efforts to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

Ipecacuanha in Hemoptysis.—According to Dr. Bartholow ipecacuanha is a "remarkable physiological remedy" for hemoptysis. He combines it with ergot in equal quantities, using five minims of the fluid extract of each drug for a dose. This is repeated as frequently as the urgency of the case may seem to require.

Ergot in Night-Sweats.—Prof. DaCosta (*Col. & Clin. Record*) says that in the treatment of the night-sweats of phthisis ergot is preferable to atropine, being more permanent in its effects, and does not produce the dryness of the throat which so frequently follows the administration of atropine. He recommends two grains of ergotin thrice daily, the last dose to be given at bed time.

The Panama Canal.—Dr. W. Nelson, late of Panama, read a paper before the Natural History Society of Santa Barbara, Cal., in which he stated his belief that the canal was a commercial impossibility. It will cost $400,000,000 to complete it and no existing tonnage would pay interest on the investment. The death rate among the canal men has been appalling owing to intense malarial poisoning and yellow fever. Owing to the large amount of sickness, a vast system of hospitals has been erected at Panama, costing upwards of two and a quarter million dollars.

Successful Transplantation of the Rabbit's Eye.—A case of enucleation of the human eye and transplantation of the rabbit's eye is reported by Dr. H. N. Bradford in the Boston *Med. and Surg. Journal*, Sept. 17. The patient was 35 years of age. It is stated that the transplanted globe contreated adhesions and circulation was established. Of course there was no vision, but the æsthetic effect was very good, much better than that of an artificial eye.

Reduced Iron in Anæmia.—Dr. Martin of Sheffield, Eng., has been experimenting with reduced iron in the treatment of anæmia, and thinks that it is one of the most powerful remedies which we possess in restoring the condition of the blood, in all anæmic states. He gives the ferri redactum in the form of pill combined with extract of nux vomica, three grains of the former to $\frac{1}{8}$ grain of the latter. The results have been very satisfactory.

Farewell Presentation.—The officers and attendants of the Asylum for Insane, London, presented Dr. Millman with an address, accompanied with a valuable gold watch, on the eve of his departure for Kingston, to assume the duties of Asst. Supt. in the Rockwood Asylum, to which he has been recently appointed. The Dr. carries with him the best wishes of a large circle of friends and acquaintances in London and elsewhere.

Odorless Iodoform.—The complete deodoriza-

tion of iodoform has been the subject of an entensive series of experiments by Dr. Oppler, of Strasburg. He recommends finely-powdered roasted coffee as the most suitable substance. The formula which he gives for the ointment is as follows:

℞.—Iodoform, 1 part.
Paraffine ointment, 10 parts.
Roasted coffee, finely-powdered, $\frac{3}{6}$ part.

APPOINTMENTS.—Dr. J. R. Clarke has been appointed Medical Health officer for Cobourg. Dr. L. Robitaille has been appointed inspector of customs at Quebec. Dr. R. McIntyre, of Hespeler, has been appointed surgeon of the Waterloo Battalion of Infantry, *vice* W. H. Vardon, M.D.; and Dr. J. H. Radford, of Galt, assistant surgeon.

CORONER.—Dr. W. Allen, of Janetville, has been appointed coroner for the United Counties of Durham and Northumberland, Ontario.

REMOVAL OF A CYSTIC KIDNEY.—Dr. Hingston, of Montreal, recently removed the kidney for cystic disease of that organ. The patient, a young lady, made an excellent recovery. We believe this is the first operation of the kind in Canada, and we are pleased to learn that it has been successful in its results.

We beg leave to express our deepest sympathy for Dr. Covernton of this city, in the recent death of his son, of typhoid fever. This is the second sad bereavement through which the Dr. and his family have been called to pass within the period of three months.

THE death of Dr. Milne Edwards, of Paris, is announced in our exchanges.

Books and Pamphlets.

ASIATIC CHOLERA, Edited and prepared by E. C. Wendt, M.D., in association with Drs. John C. Peters, of New York, Ely McClellan, U. S A., John B. Hamilton, Surgeon General U. S. Marine Hospital Service, and George M. Sternberg, U. S. A.

The above publication is the May volume of "Wood's Library of Standard Medical Authors." If division of labour may be regarded as a reliable guarantee of the completeness of scientific work, we may reasonably suppose that this book will command the attention of the studious majority of the medical profession; and we must confess that after a very thoughtful perusal of its 400 pages, we are bound to admit that the several writers have ably discharged the duties assumed by them. The general history of Asiatic cholera, which constitutes the first part of the volume, is from the pen of Dr. Peters, who appears to have bestowed ample and close research on this difficult and truly important portion of the work. Dr. Peters has traced the disease from the earliest European record of its prevalence in India, up to the present time, following it through its various wanderings, over almost the entire surface of the globe. He is a strongly pronounced contagionist, and it must be truly very difficult to any logical and unprejudiced reader, to dispute his decision.

The second, third, fourth, fifth, and seventh parts of the work have fallen upon Dr. Wendt, who has given abundant proof of the energy and industry with which he must have devoted himself to his arduous task, which comprised the etiology, the symptomatology, etc., etc., the morbid anatomy and pathological histology, the diagnosis and prognosis, and finally the treatment of cholera.

It might almost go without saying that Dr. Wendt is a firm believer in the comma bacillus of Koch. The mere orthography of his name affords sufficient promise of his fealty to the great German microbist, and assuredly Koch has in Wendt no feeble ally.

The sixth part of the work includes: The destruction of cholera germs, by Dr. Sternberg; the prevention of the spread of cholera, by Dr. Hamilton; and cholera hygiene as applied to military life, by Dr. McClellan. At present, when, if history repeats itself, and assuredly the history of Asiatic cholera has, in the past, been faithful to the legend, we may, before any great lapse of time, have to encounter another visitation of the dire pestilence, the admonitions of the above three largely experienced medical gentlemen must command the deferential consideration of every reflecting reader. They are not mere babbling theorists, impelled to relieve themselves of those gaseous distentions which are the normal overflow of ignorance heated by irrepressible vanity; they know whereof they speak, and they have spoken as the lovers of truth and of humanity never fail to do.

The Popular Science Monthly for September, 1885. New York: D. Appleton & Co. Fifty cents a number, $5 a year.

Dr. W. T. Barnard has the lead in the September "Popular Science Monthly," and opens an able and elaborate discussion on "The Relations of Railway Managers and Employees." The paper is very interesting. Dr. W. G. Thompson considers "The Present Aspect of Medical Education," and gives much information and many valuable suggestions upon the subject. Dr. Mary Putnam-Jacobi concludes her essay, "An Experiment in Primary Education," in the present number. It is a practice with her own child, and is full of originality. "The Fauna of the Sea-shore," by Moseley; Dr. Brehm's "Siberia and the Exiles"; "How Spelling damages the Mind," by F. A. Fernald, are readable papers; while that by Professor Langley, on "Sunlight and the Earth's Atmosphere," is a brilliant and striking article. Dr. Ray Lankester makes a report on "The Recent Progress in Biology."

Hand-Book of Diseases of the Skin, by H. Von Ziemssen. Illustrated with 80 wood engravings and color prints. New York: Wm. Wood & Co.

This excellent work has been prepared expressly for presentation to subscribers to Ziemssen's Cyclopædia of Medicine, and the publishers will esteem it a favor if all subscribers will at once send them their present address, also their address at the time they subscribed. The work is not a part of the Cyclopædia proper, and does not conform to that work either in size, shape, type or binding. The publication of a volume of such size and high character for free distribution to many thousand persons is without precedent, and deserving of the heartiest appreciation.

A Text-Book of Physiology. By M. Foster, M.A., M.D., F.R.S., Prælector in Physiology, Trinity College, Cambridge. Third American from the Fourth English Edition. With Extensive Notes and Additions by Edward T. Reichert, M.D., Demonstrator of Experimental Physiology in the University of Pennsylvania. With 271 Illustrations. 12mo. Pp. 911. Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

This work has been before the profession for several years and is now so well known that a notice is scarcely necessary. Numerous additions have been made to the present edition, which will largely increase its value and usefulness to the general student. The work is on the whole one which embraces in a special manner, those portions of the science which are essential, such as the blood circulation, digestion, respiration, locomotion, etc. We commend the work to the attention of all students of physiology.

Clinical Studies on Diseases of the Eye. By Ferdinand Ritter von Arlt, M.D. Translated by Lyman Ware, M. D. 8vo. Cloth. 325 pages. Philadelphia, P. Blakiston, Son & Co., 1885. Price, $2.50.

This work of Prof. Arlt's, written on the eve of a long and useful career, extending over almost half a century of ophthalmic practice, merits a cordial reception at the hands of the profession. A work of this kind, as the editor states in his preface, is distinct from an ordinary text book, and is always welcome both to the general practitioner and the specialist.

Lectures on the Principles of Surgery. By W. H. Van Buren, M.D., L.L.D., late Professor of Principles and Practice of Surgery in Bellevue Hospital Medical College. Edited by Lewis A. Stimson, M.D., Professor of Clinical Surgery, in the University of the City New York. New York: D. Appleton & Co. Toronto: Williamson & Co.

One of the reviewers of this work has said that it should have been styled "The Philosophy of the Science of Surgery" in contradistinction to many others which plainly essay the art alone. This statement is indeed not very wide of the mark, as it is undoubtedly a work of superior merit. It is a systematic exposition of the subject by a master hand, and evidences thorough and careful preparation. The work has been printed from the manuscripts of his lectures on this subject, edited by Dr. Stimson, of the University New York.

Births, Marriages and Deaths.

On the 6th of August, R. S. King, M.D., of Port Robinson, aged 68 years.

On the 16th ult., J. Stuart McCullough, M.D., of Hillsburgh, aged 23 years.

On the 14th ult., H. Skinner, M.D., of Kingston, Ont., aged 49 years.

On the 18th of August, A. E. Fife, M.D., of Brighton, aged 63 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, NOV., 1885. No. 3.

Original Communications.

THE RELATION BETWEEN EPIDEMIC ERYSIPELAS AND PUERPERAL FEVER.

BY J. E. JENNER, M.D., C.M., L.R.C.P. L., PICTON, ONT.

About the middle of the last century an epidemic of puerperal fever broke out in Paris, and an eminent French physician writing on the subject, stated that the puerperal fever then prevalent was an erysipelas of the peritoneum. But this view did not attract much attention for about a hundred years, when several English and American writers published, almost simultaneously, accounts of numerous epidemics as well as isolated cases of puerperal fever evidently traceable to erysipelatous inoculation, and now the intimate and reciprocal relationship existing between these two diseases is admitted by all authorities, the poison of either disease being capable under favorable circumstances of producing the other. Thus, puerperal women exposed to the poison of erysipelas are almost certain to contract puerperal fever, and their babes frequently die within a few days of erysipelas neonatorum. On the other hand, wounds dressed by a surgeon in attendance on puerperul fever patients, often take on an erysipelatous nature. Dr. Cox relates, that a physician having bled an erysipelatous patient, soon afterwards used the same lancet to bleed a man injured by a fall and also a woman in labor. The man developed an attack of phlebitis and the woman of puerperal fever.

An instance which occurred in my own experience well illustrates the reciprocal relation between these two diseases. In April, 1884, I was called to see a woman who was "flowing badly." Her husband told me she was in the sixth month of pregnancy and had miscarried the day before. When I saw her she was quite blanched, the bedding was saturated with blood and about a quart of clots were lying on the sheet. She had lost considerable blood the day before and was still flowing pretty freely. Having a fair pulse and not manifesting symptoms of immediate collapse, I determined to remove the placenta at once, which could be felt protruding from the os and partly in the vagina. Being accustomed to taking stimulants freely, I gave her a glass of brandy and water, and inserting my hand into the vagina, detached the adherent portion of placenta by insinuating two fingers between it and the wall of the uterus, first having tried—without success—Credé's method of expression. (The placental attachment was at the "meridian zone."—Barnes). I had no difficulty in removing the placenta and am satisfied it came away entire, and that no portion of the secundines were left behind. The hæmorrhage ceased immediately; I gave her two grains of opium in powder and washed out the uterus with a 2 % solution of carbolic acid, using at least two quarts, the water being as hot as my hand could bear it. There was neither hæmorrhage nor pain after this, save some intermittent after-pains, the result, I presume, of the ergot I had given her immediately upon seeing her. This was in the morning; about 2 o'clock that afternoon she had a marked chill and when I saw her in the evening her temperature was 102.5° F. I again washed out the uterus and left two 10 gr. powders of quinine to be taken during the night. She had no pain whatever. The following morning I found her very restless and anxious about her condition, the features cold, pinched and bloodless, the expression haggard and anxious; temp. 104.5° F., pulse 140, resp. 48. There was profuse sweating, had been a rigor about an hour before, and the extremities were cold. She had all the symptoms of malignant puerperal fever, and died on the fifth day. I was at the same time attending a case of phlegmonous erysipelas some miles away, and although I had taken the precaution to disinfect myself thoroughly and change my clothing, I believe I was the means of carrying the infection to my puerperal patient. She had miscarried on several occasions before. On the evening after her funeral two of her children, a boy æt. 13 years and a girl æt. 6 years, were suddenly attacked with vomiting, sore throat and headache. I saw them on the day following and pronounced them both cases of scarlatina. The next day the

rash covered the body and there was then no doubt as to the nature of the disease. Both patients did well on the simplest treatment, the type being a mild one, they had reached the beginning of the fourth week, desquamation was almost completed and both children had been up some time—though this was contrary to orders—when the little girl manifested symptoms very similar to those which ushered in her recent illness. Her father prescribed some domestic remedies, salts, smartweed tea, etc., but the patient getting no better—but rather worse—he sent for me on the third day. I found the patient excited and tremulous, face flushed and swollen on one side; pulse 160, quick and full; temp. 104.5° F. She had intense headache and delirium at times, a dry, brown, tremulous tongue. Behind each ear was a patch of eczema, which had broken out afresh since desquamation after scarlatina. Her father said "she was subject to sore eyes." The right ear was swollen to several times its normal size, and large blebs full of sero-purulent fluid were to be seen. The redness and swelling had spread well over the right side of the scalp and face, the right eye being swelled shut. The case was obviously one of cutaneous erysipelas of the head and face, the point of departure being doubtless the eczematous sore behind the ear. The inflammation extended over the head, face and neck, travelling over the entire trunk and down the extremities to the knees and elbows, where it stopped. In its progress over the body and limbs, the redness advanced about two inches each day and did not last longer than forty-eight hours in one place, fading away in about two days. The margin was well marked, raised and irregular. The temperature ranged between 102° F. and 104° F., until the beginning of the fourth week, by the end of which it had subsided entirely, and the skin—after a thorough washing with soap and water—had resumed its natural color and appearance.

I ordered rest in bed in an airy room, shaved the head and put on hot linseed-meal poultices, and painted the face and soft parts with a mixture of collodion and castor oil—equal parts. Prescribed quinine, iron, and chlorate of potash in full doses, digitalis and other diuretics as required, and restricted the diet to fluids, milk eggnog, beef tea, animal broths and some farinaceous food, keeping the bowels relaxed by castor oil, glycyrrhiza and other mild aperients. The local treatment of the body and extremities consisted in poultices until the redness disappeared, followed by inunction with Kentish's ointment, repeated each morning for two or three days. There was some albumen in the urine, probably the sequel of the scarlatina she had just recovered from.

On the third day after I was called to see this patient, her brother, who had accompanied her through the attack of scarlatina, also developed erysipelas. In his case the eruption was confined to the mucous membrane of the nares, the bridge of the nose and the soft tissues below the eyes. It was perfectly symmetrical, and both nares were almost occluded for a time. His temperature ran up to 103° F. for a few days, with other constitutional symptoms of a mild type. Free action on the bowels, with quinine, iron, and chlorate of potash, rest in bed, topical application of ol. ricini and collodion, with the usual precautions in the matter of diet, sanitation, etc., constituted the treatment in his case. In a week he was quite well.

REMARKS.—Since the mother's death these two children had slept in her bed with the father. None of the other members of the household had been thus exposed, and there were several small children in the house, among them a babe two months old, belonging to the housekeeper. None of these suffered from either disease. Though the bed-linen and coverlets had been washed and thoroughly cleansed after the mother's death, and the mattresses and pillows aired, I still think that both the scarlatina and erysipelas in these two children may have been due to infection from the puerperal fever poison, by sleeping in the same room and on the same bedding so soon after the mother's death. There were no other cases of erysipelas in the neighborhood, and although scarlatina had appeared in the school, neither myself nor any members of the family had been exposed to the disease. Many authorities believe a close relationship exists between scarlatina and puerperal fever, but whether this relationship be reciprocal or not, is, I think, not yet established.

It is laid down as a rule and taught in the schools, that when a practitioner has been unfortunate enough to get a case of genuine puerperal fever, he should at once give up his midwifery practice for a period of at least three weeks, and

devote his attention in the meantime to daily ablutions until he is purified from the contaminating influence which attends him. Now if it be true, as it undoubtedly is, that the contagium of erysipelas is capable of developing in a puerperal woman genuine puerperal fever—and indeed the opinion is prevalent among the French that every case of puerperal fever is an erysipelatous inflammation of the peritoneum—it follows that during epidemics of erysipelas the practice of midwifery must be relegated entirely to inexperienced women—technically called midwives. There is no doubt that the doctor assumes some risk in attending the lying-in chamber while being daily exposed to the virus of erysipelas; still I believe it is quite possible for the accoucheur to so thoroughly disinfect himself, as to guard effectually against the danger of communicating such specific poison to his patient. During the past spring an epidemic of erysipelas spread over this district and several deaths from it, as well as from puerperal fever, were reported. One woman was confined in the same room where slept a child suffering from suppurating erysipelas of the head and face. She died from puerperal fever six days after confinement. The child was removed as soon as the physician arrived, but too late to protect the woman, who was already through with her labor and had flowed some before the doctor reached her.

I continued my midwifery practice as usual, although I was at the time in daily attendance on cases of erysipelas, some of which were of the phlegmonous variety, which is said to be more virulent than the simple cutaneous non-suppurating type. I adopted a rigid system of disinfection daily, taking a general bath after returning from my erysipelas patients, sponging the body—especially the hair and whiskers—with a carbolic lotion, using carbolic acid freely in the lying-in room; never wearing clothes that had been exposed to any infectious diseases. I handled my patients as little as possible, and used as a lubricant, carbolized tallow softened with turpentine. I observed in two cases where there was slight laceration, and where I was extremely anxious to guard against septic absorption, keeping the raw surface covered by a piece of lint soaked in a 2 % solution of carbolic acid and using a carbolized vaginal douche three times a day, that after forty-eight hours the patients suffered retention of urine; using the catheter and discontinuing the use of carbolic acid for a couple of days, had the effect of restoring the normal function of the bladder, which I believe was paralyzed by absorption of the acid. My precautions may have been overdrawn, but I had the satisfaction of seeing all my patients do well, not one of the twelve I attended during the epidemic manifesting any symptoms of septic poisoning.

THE GROWTH OF A PROFESSION.

Abstract of the address delivered before the Canada Medical Association, in Chatham, Ontario.

BY WILLIAM OSLER, M.D., M.R.C.P., LOND.

President of the Association, Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia.

The incorporated body of the profession in each province of Canada is variously known as the "College of Physicians and Surgeons," the "Medical Council," or the "Medical Board," and, as you are all well aware, by the Act of Confederation, each province is left to regulate its own educational affairs. Within the past ten or twelve years, so many important changes have been effected, particularly in the older provinces of Ontario and Quebec, that the boards are gradually approaching a state of efficiency.

As regards education, the ideal board should perform the following duties: 1st. Test the fitness of young men to enter upon the study medicine; 2d. Order the curriculum in a manner best suited to the country and the requirements of modern medicine; and, 3d. Control absolutely the examinations for the license to practise. Upon each of these points I propose to make a few remarks, referring particularly to existing conditions:

1. Preliminary education and matriculation. In most of the provinces a thoroughly satisfactory system prevails, and a young man, before entering upon the study of medicine, must give evidence that his general education is of such a nature as will enable him to pursue intelligently the study of a learned profession. A board should control its own matriculation examination, and should accept no other. It is directly responsible to the profession that no incompetent person shall be admitted to study. The check comes lighter to a young man, and is more easily borne at this time

than later in his career. The examiners should be independent persons, engaged in general teaching and there should be at least three or four. No one man can conduct a preliminary examination with entire satisfaction. The organization of the board of matriculation examiners in Quebec should serve as a model for all the other provinces. It was a decidedly retrograde step when the medical council of this province relegated the entrance examination to other hands. And the acceptance of the intermediate High School certificate is not without its disadvantages. Throughout Canada the subjects for matriculation have always closely followed those recommended by the British Medical Council, and embrace the elements of a good general education, with a fair amount of Latin To these special subjects have lately been added Natural Philosophy, Chemistry and Botany (optional). The student has had in the past several difficulties to contend with which should be removed. He has had to pass in some cases two examinations: one before the board of his province, and the other before the university at which he wishes to take his degree. Now the matriculation examination of the boards should be placed on such a level, and conducted in such a way, that any university could consistently accept it in lieu of its own, and if it was universally recognized by the profession, by teachers of high schools, and by the candidates, that there was but one portal of admission to the study of medicine, and that through the medical board by means of its authorized examiners, a great deal of trouble and annoyance would be prevented. Again, in the interests of the student, the greatest care should be exercised in the selection by the examiners of subjects which the candidates will find taught in the advanced classes of the high schools. Similar books to those read for other matriculations should as far as possible be chosen.

2. The regulation of the curriculum. The general profession, through its delegates, has an incontrovertible right to regulate and frame the curriculum of study which men shall follow who aspire to join its ranks. The governments allow this right and have empowered the Boards to frame such measures as they see fit. In the exercise of this function there has been a little friction in the past, and in no one of their duties will the Boards of the various provinces require to proceed with greater circumspection in the future. That there has been a good deal of tinkering, and not always of a satisfactory kind, is a complaint frequently made by schoolmen. That there has been very little and that the results have not been bad, will, I think, be the verdict of any one who looks into the matter fully. The curriculum is at present in a transition stage, and we must expect in the next few years to see important changes, but into these I do not propose to go in detail. One thing is clear, that the Boards and the teaching bodies must act in concert—in the interest of the student and of the profession harmonious action must be arranged. In this country the students of all classes seek the degree as well as the license and are not, as the majority are in Great Britain, satisfied with the latter. Hence the imperative need of a certain uniformity in the requirements of the boards of the universities. The teachers cannot possibly arrange the instruction on diverse plans. The duty of the Board is to lay down a minimum curriculum to which every student shall conform, and which the schools can easily carry out. The university requirements, while as much higher as the authorities choose to exact, should be laid down in the same lines, so that a student could easily proceed in his studies for the one or the other without inconvenience, and the teachers prepare a man for either examination without needless repetitions.

Among important questions which await settlement in some of the Provinces are the strict enforcement of the four years of study and the advisability of prolonging the session to nine months, or, what amounts to the same thing, making the summer session compulsory. The plan of allowing a student to pass one of his four years of study with a physician should be done away with at as early a date as possible. For two reasons: in the first place, it is, in a majority of instances, a farce, and we find on enquiry that the student has been pursuing his usual avocation, and perhaps going to a doctor's office in the evening: it is certainly not the equivalent of a session at college. If allowed at all, it should not be the first year, but the third, as permitted in the province of Quebec, for then a student is in a position to obtain really valuable instruction in practical medicine and surgery from his preceptor. I was surprised a few years ago, on obtaining the statistics from the registrar of one

of the boards, to find how many men there were who passed on the three sessions. In this matter, the boards should not be behind the leading universities, which no longer recognize the year with a physician as the equivalent of a session. And, in the second place, the change should be made in the interests of the schools themselves. On no possible scheme can you arrange a satisfactory three-session course. Either a man pays too much attention to his primary subjects in the first two sessions and leaves the important final branches for one short session, or he tries in his second session to work hard at both and ends in a muddle-pated condition which unfits him for either. The prolongation of the session to nine months, as now exists in some of the schools in the Province of Quebec, must ultimately come in all the colleges. How the foolish habit arose of giving six months' vacation we need not stop to inquire—the folly of it is too evident to need remark; and we can safely predict that within ten years the nine months' course will be universal, either as a continuous session, as at Laval University, or by making the now optional summer session compulsory.

3. The control of the licensing power is the most important function of the medical boards. A uniform system has not yet been adopted in all the provinces. In too many the possession of a degree, obtained after a proper course of study, still entitles the holder to the license, all others having to submit to examination. In the Province of Ontario the most advanced position has been reached, and the one road to registration is through the examination conducted by a board appointed by the medical council. To this the other provinces must ultimately come. It is what the profession in Great Britain has been striving after for years, and so far striving in vain against the power of corporations and vested interests. In the Province of Quebec the medical board accepts degrees from the local universities to which it sends assessors—after the manner of the British Medical Council, who report on the nature of the examinations. Others than the holders of such degrees must submit to examination. Although this method has not worked badly, it is but a make-shift, and must finally be replaced by a central board of examiners, who shall test the qualifications of all candidates. Unfortunately the prevalent conditions of that province are such that dual boards will be needed, one for the French and one for the English.

In carrying out the details of a central examining board, there are inevitable difficulties which at first cause worry and discontent, but, with patience and mutual forbearance, gradually vanish. The choice of suitable examiners is a delicate matter, and one on which the schoolmen are apt to air grievances more or less just. They certainly should not be selected at random from the members of the council. A few years ago a friend of mine was nominated examiner in chemistry at the Quebec Board. He was a remarkably able practitioner, but with a very indistinct and hazy knowledge of chemistry, and it was hard to say who was most uneasy at the examination, Dr———or the students. Teachers in the schools have good grounds for complaint when the Boards select as examiner on special subjects—such as anatomy, chemistry, physiology, and pathology—men who have been for years in active practice without any possibility of keeping their own knowledge on these subjects fresh and practical, and who to "brush up" require to work as hard, may be, as the poor candidates. With the more practical branches these difficulties do not exist, and the Councils have a wide field for selection. Where special technical knowledge is needed, it would be preferable even to override the law which forbids the selection by the Boards of any teacher as an examiner on his own subject. For the "Staats Examen," in Germany, the professors in different departments are usually chosen by the government to conduct the examination in their special branches. The point is one to which the Boards should attend carefully in the future. They lose the respect of the profession and of the students in nominating as examiners men without special qualifications in certain fields.

The examinations for the license should be made in all respects as practical as possible, but to do this a Provincial Board must possess its own building and appliances, and make arrangements with hospital authorities to have free access to a sufficient number of patients. As the work is done primarily in the interests of the public, it is clearly the duty of the Legislatures to assist in making suitable provision, and it seems probable that Ontario, the first to set the example of a one-portal licensing system, will also be the first to have a

local habitation worthy of her incorporated profession. Such a building should contain the paraphernalia necessary for examination purposes. The division into a primary and a final examination, as at present made in most of our universities, and at the Ontario Medical Council, seems the best arrangement. The former embracing anatomy, physiology, general and medical chemistry, and materia medica; the latter, the practical branches of medicine, surgery and midwifery. In practical details the "Staats Examen," of Germany, might in many particulars be followed.

A serious difficulty has been felt in conducting the examinations satisfactorily as regards time, place and rapidity. They should come off after the university examinations have been completed, and not, as now, immediately at the close of the session. More time could then be given, which will be necessary if the tests are to be made more practical. As the number of candidates increases, the the examiners on each branch should be doubled. One centre in each province should be chosen for the sittings of the Board, and in almost each instance this will be the chief town. To go to Quebec for one meeting and Montreal the next, as is the practice in the Province of Quebec, and to hold an examination in Kingston as well as in Toronto, are touching and tender tributes to age with which a harder generation must soon dispense. Very much more time must be hereafter given to those practical portions of the examinations which afford the only true test of a man's fitness to enter the profession. The day of theoretical examinations is over. An anomaly which has been the source of no little irritation results from our close connection with the mother country. Any registered practitioner of Great Britain under the present British act can claim registration in the colonies without further examination. After graduating, Canadian students are enabled to give the Board the slip by taking an English or Scotch qualification, and registering in Great Britain, when they return and are entered upon the register without further examination. In the past five years 378 men have registered in the Province of Ontario, and of these there were 93 Canadians, who did so on their British registration; that is to say, about one-fourth of the number have avoided the enactments of the Board by proceeding to Great Britain and passing at one of the Colleges. No one can doubt that these 93 men were greatly benefited by the period of additional study and by contact with men of other schools and countries, but they would have been still more benefited if they had first conformed to the requirements of their own province, and aided the profession in maintaining regulations the benefits of which are universally recognized.

The fees demanded by the boards excite a good deal of grumbling on the part of students and practitioners. A sum of $70 is charged by the Ontario Board for the three examinations, matriculation, primary, and final; and in Quebec the registration fee is $20, and the matriculation $10. It is the old story, those who are best treated often complain the most. In the matter of fees, the medical students of Canada are in too easy a position, and they must expect changes in the near future. While the expenses of conducting a medical school have quadrupled in the past twenty-five years, the fees have not increased ten per cent. The charges of the boards are just and reasonable, as well as necessary to meet expenses. The annual tax on physicians of $1 in Ontario and $2 in Quebec, is often spoken of as irksome, but surely it is a trifling contribution to the general welfare of the profession.

It seems extraordinary to outsiders that in a country like Canada, with scarcely five millions of inhabitants, there should be so many licensing boards, and a still greater anomaly, that a licentiate in one province cannot practise in another—that there should be no reciprocity. So it seemed also to many earnest minds a decade or so ago, when in this Association a strong attempt was made at several meetings to frame a Dominion Medical Bill. It failed, as will, I think, subsequent ones, should they be made. Only one remedy remains, the boards of the various provinces may in time so assimilate the curriculum and examinations that reciprocity may become possible, but this we cannot expect for some years. For certain purposes a Dominion Registration Bureau at Ottawa seems specially indicated; thus the surgeon of a Quebec regiment doing duty in Ontario would be practicing illegally, and in the marine the surgeons sailing in the passenger steamers must be registered in the province of the port from which the vessel hails. There would be great if not insuperable objections raised to any such bu-

reau, though it might be feasible to devise a plan for the military surgeons and those belonging to the mercantile marine.

I have dealt thus fully with the constitution and and functions of the medical boards of the provinces, because I feel convinced that the safety of the profession rests with them. Of inestimable service in the past, their work in the future will be even more beneficent. Do arouse to a sense of your professional advantages. Where else do the medical men of a country enjoy the rights of conducting their own affairs in their own parliament? Look at Great Britain, where our mighty sister Association, with all her influence, and backed by eleven thousand members, could not force the principle of professional representation into the last medical bill, and at the best was only able to secure three or four members from the profession at large. Rest content when in each Province of this Dominion you have (1) an elective representative assembly (medical board, council, or college), with members from each teaching body; (2) absolute control of preliminary qualifications, curriculum, and examinations for the license to practise; (3) appropriate accommodation for the meetings of the boards, for the conducting of examinations, and for preservation of the local and general archives of the profession. The full development of the Acts of 1788 and 1815 will not be reached until these things are accomplished. The first two you have already won in a majority of the Provinces, the last will perhaps be the most difficult of accomplishment; but I feel confident that the day is not distant when in the capital of each province the incorporated profession will have a stately Æsculapian temple worthy the traditions and aspirations of our high calling.

CASE OF NEURALGIA OF THE TRIGEMINAL NERVE.*

BY T. OVENS, M.D., ETC., ARKONA, ONT.

MR. CHAIRMAN,— I shall not weary you with a description of this affection in general, nor shall I attempt to say anything of its pathology, because in any of our works on the diseases of the nervous system you can read a better description of the malady than I could give you in this paper, but unfortunately, none of our authors give us an adequate knowledge of the pathology of this terrible diseaae. What I purpose doing, is to bring my patient before you, and to describe his case in particular.

The patient is now twenty-one years of age, a beekeeper by occupation, having always lived in the country in a locality free from malaria and containing good water in abundance. His parents, brothers and sisters are living. No neuralgia, insanity, epilepsy, syphilis, cancer, phthisis, nor any other disease in the family. When about eight years of age he fell from the scaffolding to the barn floor, a height of about fourteen feet; was unconscious for some hours; blood flowed freely from the mouth, nose and ears; made a good recovery.

Was in good health till the spring of 1879, when he complained of severe pain in right upper jaw; the extraction of a carious tooth relieved the suffering for a few weeks; the pain again returned, several teeth were extracted but without mitigating its severity in the least. From that time till the middle of April of the present year, the patient suffered terribly. Each autumn, winter and spring the pain seemed to be more atrocious than it was the preceding year. During the warm weather the pain was not nearly so severe, but never entirely ceased. The patient was under treatment during all this time by different physicians.

On the first of February of this year, he consulted me. He had just returned from a three months' sojourn in Quebec, whither he had gone for treatment and change of scene. At that time the pain came on every five or ten minutes, lasting from half a minute to a minute; it was of a burning, boring, lancinating character, darting lightning-like along the three branches of the trigeminal nerve on right side of the head, in lower jaw, upper jaw, upper lip, brow and right side of forehead.

The patient was entirely free from pain during the intervals between the paroxysms. Excessively tender points would develop during a paroxysm, and continue throughout the duration of the pain. These points corresponded to the position of the mental, infraorbital and supraorbital foramina, inner angle of eye, side of nose and other places. At the close of a paroxysm, tears would flow from the right eye, mucus from the nose and water from the

* Read before the Ontario Medical Association, in London, June, '85.

mouth, causing an eczema to develop on the right cheek. Pulse varied from 100 to 120; temperature from 99 to 100.

Treatment:—I tried all the more important drugs recommended by the best writers, as morphia, quinia, arsenic, iron, pot. iodide, cannabis indica, gelsemium, chloroform, aconitiæ, etc., etc. Of drugs, the only ones that relieved the pain were aconitiæ and morphine. Chloroform was the only agent which would prevent a paroxysm. Aconitiæ given in $\frac{1}{100}$ gr. doses till the physiological effect of the drug was produced, would mitigate the severity of the paroxysms. A grain of morphia injected hypodermically would not prevent the occurrence of a paroxysm, but would lessen its intensity. Chloroform would prevent the paroxysms for from three to six hours, and thereby give the patient sleep, and was by far the best remedy tried. In April, a discharge of pus occurred from right ear, and continued for a month. As the discharge continued, the pain gradually lessened, and finally ceased altogether.

As to the cause of the neuralgia, it was probably due to caries of the petrous portion of the temporal bone or periostitis causing pressure on the Casserian ganglion.

ARTIFICIAL LACTATION, IN OVARIAN AND UTERINE DISEASES.

BY JAMES STIMSON, M.D., PLUM CREEK, NEB.

Marriage is the Divine institution in which the Divine purpose of child-bearing is carried out. To marry and to bear children is the normal lot of woman. Happy the woman who becomes a wife! Happier the wife who becomes a mother. Thrice unhappy the childless wife—the "barren woman who has no blessings of the breasts and of the womb." 'Tis this unsatisfied, unhappy woman who seeks the physician, fondly hoping his skill will avail to remove the cause of her reproach, and secure the fruition of her desires. In the interest of such, these thoughts are offered to the profession.

Three great steps, in regular sequence, occur in normal child-bearing—viz: Menstruation, utero-gestation and lactation. Three sets of organs perform these functions, viz: Ovaries, uterus and mammæ. A trio of functions founded on a tripod of organs. The ovaries furnish a germ, the uterus carries a crescent burden, and the breasts nourish a new being. This cycle of events recurs, with varying intervals, during the functional life of the ovaries of a fertile woman. The ovaries contribute the ovum; that impregnated, they rest. The uterus receives its treasure, retains it during the earlier stages of development, casts it for further nutrition and development upon the breasts, returns to its former proportions, and rests. The breasts receive the babe for a variable time, furnish it with food specially adapted to its needs, then cease their function, and rest. So, to each of these sets of organs, in this procession of events, there comes alternately, a season of activity and a period of repose. Such the events, their order and effects in normal child-bearing. But, unhappily, all wives are not child-bearers. In the childless woman, but one of the three essential child-bearing steps are taken. The ovaries only, perform their function. The uterus fails to afford "fruit." That "child-link" missing, the chain of child-bearing events is broken, and the breasts abide functionless, at rest. Barrenness is the unbridged span between the ovaries and the breasts.

Returning to child-bearing, we find that *rest* is a factor in the healthy condition of each, in turn, of the organs concerned in its normal course. Contrasting sterility with normal child-bearing, we find that the chain of alternate action and repose in each set of organs is broken, the rythm of events interrupted. Two sets of organs are functionally active—that constantly—and one set of organs does nothing. Two sets of organs have no rest, (so to speak,) one has no functional activity. The question now occurs, "Can the inactive organs, the breasts, be artificially excited to perform their function in a sustained manner, and, if so, will that functional activity of the breasts, so induced and sustained, have the effect of lulling to rest the active organs, the ovaries and the uterus?" In other words, "Can artificial lactation be induced, continued and made useful in treating ovarian and uterine disease, sterility, etc., by reason of its causing an arrest of menstruation, and so affording needed rest to the diseased organs?"

It is a fact that sucking the breasts causes uterine contractions. It is a fact that during lactation menstruation is absent. May we not infer from these facts that a bond of vital relationship exists between all the three sets of organs directly con-

cerned in child-bearing? But who can tell precisely, what the vital relations of the ovaries, uterus and mammæ are, each to the other, or in what manner or to what extent the functional activity of any one of them affects the organic, vital condition of the others? In the child-bearing woman, the ovaries, uterus and mammæ, each in turn, has a term of rest. In the sterile woman the ever active ovaries and uterus need rest. Can it be procured for them by arrest of menstruation, the result of artificially induced lactation? If so, the sterile patient may well rejoice over the brighter prospects for her "keeping house." If so, the gynæcologist will rejoice over his power to substitute one function for another, for thus he will get rid of the hindrances caused by the monthly menstrual nisus, and secure greater facility and ability to completely cure his patient. Given the substitution of functional activity of the breasts for functional activity of the ovaries, more happy results of treatment of "female diseases" will gladden the hearts of patients and physicians.

Correspondence.

FILARIA SANGUINIS HOMINUM.

To the Editor of the CANADA LANCET.

SIR,—In your October issue there appears some correspondence on the very interesting subject of Filaria from Dr. E. A. Hall, of Glammis, and inviting additional information with regard to it. With your kind permission I will endeavor to add a few of the points desired, without attempting to exhaust what is already known.

Filaria Sanguinis Hominum is associated with, and generally considered now to be the etiological factor in chylous urine, some forms of hæmaturia, and nævoid elephantiasis. The knowledge we possess is of very recent date, as fifteen years ago it was entirely unknown. Dr. Lewis, an Army Surgeon, at Calcutta, was the first to discover in 1870 the embryo form of filaria in chylous urine. In 1872, he made a further discovery of the same species of filaria in the blood taken from the finger of a Hindoo patient. There are two forms of the hæmatozoon, viz: the adult and embryo. The former measures about three to four inches long and about the thickness of a hair, is supposed to dwell in the lymphatic system, and from there pour forth its young, but has been found in hydroceles and lymphatic abscesses. The latter measures about $\frac{1}{170}$ to $\frac{1}{75}$ of an inch in length, and of the diameter of a red corpuscle, thus enabling it to pass wherever blood can go, even through the finest capillaries. It is enclosed in a transparent sheath or pellicle, and found chiefly in the blood and urine. The majority of cases reported have been residents of warm countries, but four or five have been recorded as originally from Europe. Of these, Dr. Beale mentions one as never being out of Norfolk, and Dr. Roberts another who had always lived in Lancashire.

One of the most peculiar and interesting features in connection with the habits of this parasite, is the regular periodicity with which it makes its appearance in the blood. Dr. Stephen Mackenzie, in 1881, before the pathological society in London, exhibited a soldier, born in India, suffering from chyluria and hæmaturia, accompanied by filaria. The blood was examined every three hours with the following results. The filaria were far more plentiful or only found at night; they usually appeared about 9 p.m., reached the greatest number at midnight, and entirely disappeared by 9 in the morning. Experiments were made with this patient, to see if this periodicity could be changed, and strange to say, when the time for sleep was reversed, by making the patient sit up all night, the filaria were more numerous in the daytime.

Dr. Manson, of Amoy, from whose observations, the profession has reaped much of interest on this subject, has recently been fortunate enough to discover, that the mosquito, is an intermediary host. He has satisfied himself, that the proboscis of the mosquito enters the capillaries, and the filaria are withdrawn and probably deposited in water along with the larvæ of that insect, hence to the human subject and so on.

That the filaria produces hæmaturia and chyluria, there cannot be the slightest doubt, but how, is not clearly established. It involves too many theories for a letter of this kind. The most probable is the mechanical one. It is extremely likely that the embryo ultimately casts off this translucent sac or sheath in which it is enveloped, becoming then possessed of boring propensities, perforates the capillaries and lymphatic vessels, thus producing those symptoms which almost invariably accompany their presence.

I have no doubt that Dr. Hall possesses a very valuable, rare and interesting patient. I am sorry he did not examine the blood and give us the patient's former history and residence. I hope he will do so yet, at the same time test their periodical appearance in the blood, and give the result in your esteemed journal. I have examined most of the Canadian medical literature of the last fifteen years, and fail to find one case recorded, still I do not see why cases should not occur in Canada, as well as in Norfolk or Lancashire. At the recent meeting held in Chatham, of the Dominion Medical Association, Dr. Bethune, of Wingham, exhibited a parasite three or four inches long, which he obtained from an abscess in the thigh, but whether it belonged to the filarida family or not, was not decided. Dr. Osler, the worthy president, and able pathologist, took possession of it and promised his verdict at a future day.

As to treatment. I will give Dr. Lewis' own words, "This has proved extremely unsatisfactory in almost all cases recorded. Iodide of potash has been tried in large doses, and in some cases appears to have been beneficial. In others the tincture of iron has seemed to be more successful. Perhaps the most satisfactory results, are those which have followed the administration of large doses of gallic acid.

Yours, etc., WILLIAM GRAHAM,

Brussels, Oct. 6th, 1885.

To the Editor of the CANADA LANCET.

SIR,—I have read carefully, and with a good deal of interest, an article in the Sept. No. of the LANCET, headed "Meddlesome Midwifery." With the general tenor of the article I heartily agree; though some of the statements do not entirely accord with conclusions drawn from my practice.

The first is the following clause: "But we would all prefer that somebody else's wife or sister should be the subject of all doubtful practices." This, I think, would hardly be in keeping with the rule given in Matthew vii. 12, which, I presume, most medical men will admit to be binding. We certainly should not encourage doubtful practices even on somebody else's wife or sister. But what particularly interested me was your pen pictures of scientific and unscientific practitioners of meddlesome midwifery. I take it that this applies to registered practitioners, who, if they lack the necessary qualifications to practice, are as much sinned against as sinners, by the Medical Council, which has taken upon itself the task of protecting the community from improperly educated pretenders. If such still exist it is a proof that our Council has, at least in some measure, failed in its mission, in giving a license to them.

While I look upon your scientific bungler as a dangerous character so full of himself and his own importance, that he is unlikely to improve, I feel that I can safely predict, at least, a respectable future for the other, "Conscious of his lack of skill but desirous of earning his fee." This consciousness, and this desire which all should possess, will, if properly used, be the making of him. The former will make him careful and at the same time prompt him to read and so post himself where most deficient; he will also watch his cases closely and as his years increase so will his knowledge. His desire to earn his fee is an indication of honesty, which of itself would make him more to be relied upon, and is very different from a desire which we too often see, of finding an excuse for making visits that are of no real use to the patient simply from a desire to charge fees. As to his too frequent examinations I think he will soon get over that, as but few women will be found to submit to it when it gives them pain. It may, as you suggest, produce a tendency to laceration, though I have never seen one clearly traceable to that cause, but I have often found the soft parts dry and tender, where no examinations had been made and yet the labor terminated without any appreciable laceration.

As to your scientific bungler, did he confine himself, in his use of chloroform, to a small quantity, sufficient to mitigate the pains as the head is distending the perineum, I presume no damage would be done, in most cases, and if it did delay the labor a little without materially adding to the patient's sufferings so much the better, as it would give the parts more time to stretch and so render laceration less likely. But what I have known such bunglers do is, under the pretext of giving chloroform to relieve pain, to put the patient profoundly under its influence, and then without the knowledge of either the patient or friends, put on the forceps and drag the child forth, producing laceration of the perineum, followed in many instances by puerperal fever or septicæmia.

As to the use of antiseptics, like any other therapeutic agent, they should of course only be used when required, but then in such a manner as to thoroughly cleanse and disinfect the parts requiring it. But where the patient is kept clean, and at rest, on a clean bed, with fresh air and frequent change of napkins, they will not often be required.

Yours respectfully,

R. WHITEMAN.

Shakespeare, Oct. 14, '85.

To the Editor of the CANADA LANCET.

SIR,—I send you the following unusual case for insertion in the LANCET :

M. L. aged 82 years, had for several years been troubled with pain and distress on making water. One day he noticed a hair protruding from the penis about an inch. He pulled at it and withdrew it about 4 inches, when there appeared to be something preventing its coming, and on pulling harder, it caused pain in the region of the left kidney, as if something were tearing the flesh, so he called his wife, an old lady aged 76 years (now) and she assisted him. After about twenty minutes, they succeeded in removing it without breaking. It was 24 inches long, of a dark brown color, with a bulb at the end like a hair from the head. He says he felt greatly relieved afterwards from the peculiar feelings he used to labor under. The hair was shown me, and I have the utmost confidence in the correctness of the statement, which was corroborated by the old lady, who assisted in its removal, as well as by the son and others of the family. A similar case (or cases) may have been met by others, but I have never read of a recorded one.

Yours very sincerely,

R. W. CLARK.

Hastings, Oct. 16, '85.

P. S.—The above case is not more singular than, —a potato bug which, a son of mine, met with in an egg, last summer, after it was cooked for breakfast.

THE USE OF THE FORCEPS.

To the Editor of the CANADA LANCET.

SIR,—There was an article in your last January number by Dr. Sweringer, of Ind., advising practitioners always to "carry their forceps with them to every labor case." I cannot agree with the Doctor in this, for the proportion of cases really requiring instrumental aid are so few, that to carry them always entails a deal of unnecessary trouble. I would except a case a long distance off. The forceps are very often used unnecessarily. In a practice of fifty-five years I have not used them a dozen times, and in that length of time, I have had but two fatal cases, and those from puerperal fever and peritonitis.

The forceps are sometimes used to save time, sometimes to gain a little notoriety, sometimes for the double fee, and sometimes from ignorance. I remember a case that occurred a few years since, where the doctor in charge, had been two nights and off and on for two days in attendance on the woman. He said that he had a very troublesome case, and was going to use instruments that night (the third night) but asked me to visit with him before so doing. I went, and found the woman was not in labor at all, and had not been—simply false labor pains, which a full dose of laudanum checked, I told him she would not be confined for a week at the least. Ten days afterwards she was delivered of a fine child without the forceps. Therefore, looking at it from my point of view, I say that carrying them all the time to every case is unnecessary; for if not too far off you have always time to send for them, except in a case of convulsions, which are rare. Dr. Thatcher, Professor of Midwifery, in Edinburgh, laid it down as a rule, "to allow seventeen hours for a natural labor, before having recourse to instruments, except in cases of deformity.

I remain, etc.,

R. W. CLARK,

Hastings, Ont., Sept. 8th, 1885.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY, MONTREAL.

The annual meeting was held on the 9th ult., Dr. Roddick in the chair.

Dr. Trenholme exhibited three pathological specimens. The first was a parovarian cyst, removed from a patient from Shawville, Que., 42 years of age, 9 years married, and no children. Patient was of spare habit, nervous, and had suffered for 16 years. Her trouble began in the bladder, as she supposed, accompanied by pains in the back, inability to sit,

irregularity of menses, and insomnia. Has had no menstrual flow for last 6 months. At the present time her trouble is chiefly confined to the region of the back and over the womb. Examination per vaginam showed the presence of a large tumor [illegible] occupying true and false pelvis. It was [illegible] very dense to the touch, and [illegible] surface. On the left anterior [illegible] a round tumor was detected; this was supposed to be the left ovary, and is seen to be [illegible] the specimen now passed round. The [illegible] was three inches deep, and the cervix was noticed on the face of the tumor, above the brim of the pelvis. The diagnosis was [illegible] fibroid of the uterus, owing to the slow growth and hardness of the tumor [illegible] presence of the uterus. On [illegible] August 1881 Dr. T., assisted by Drs. Kee[illegible], [illegible] the chloroform to the patient, and removed the tumor as follows: Dr. T. said he would [illegible] to the [illegible] which he had [illegible] to [illegible] the [illegible] was made [illegible] the [illegible] was [illegible] which [illegible] the [illegible] [illegible] [illegible]

size of a fœtal head, the bulk of the mass being rather to the left of the uterine canal, which was almost five inches deep. As the patient was in a wretched condition of health, the operation was delayed for a week, when, upon 24th Sept., the tumor and uterus were removed by abdominal section. Strong adhesions existed throughout, especially with the bladder, which was incised to the extent of about half an inch. The broad ligaments were tied in segments, and separated as far as the neck, when a wire ecraseur was applied, and tightened just enough to prevent hemorrhage. The tumor was removed by a V shaped incision, and the cut surfaces brought together by a double running suture (silk). The wound in the bladder was brought together by the same suture. The abdominal wound was coapted by three deep silver and a number of superficial horse-hair sutures. A catheter was kept in the bladder for five days, after which she passed her urine without trouble. It is now 16 days since the operation, and both temperature and pulse have been almost normal throughout.

In the discussion which followed nothing new was elicited, and the Society then proceeded to the election of officers. On account of the illness of Dr. Roddick last winter, and his absence in the North West Territory during the summer, it was felt to be but an act of justice to re-elect him President. *Vice-Presidents*, Drs. J. C. Cameron and Geo. Wilkins; *Treasurer*, Dr. Perrigo; *Secretary*, Dr. Gurd; *Council*, Drs. Kennedy, Geo. Ross, and Roddick.

Before the meeting adjourned, the question of the treatment of the small-pox patients and the management of the Hospital was fully discussed.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

At the regular meeting in September, Dr. Case, senior, presided. Dr. Malloch exhibited a pathological specimen, with the following history. He had performed abdominal section in a case of peritonitis with symptoms of obstruction of the bowels and a history of previous attacks of colic. The colon was so much distended that it could not be returned. To relieve this distension, an opening was made with a scalpel, of its own width simply, and the gas pressed out. The wound was then closed with interrupted sutures of the finest catgut. The patient only survived the operation 47 hours At the autopsy it was with great difficulty that the site of the wound could be found, the union was so good. There were no signs of inflammation to be found, and no adhesions were present about the wounded intestine.

The October meeting was presided over by Dr. White, the President. Dr. McCargow showed the larynx of a man who was in the City Hospital for but a short time. His history was as follows:—He was 28 years of age, had been working on the railway, and caught cold. When admitted to the Hospital was much emaciated, had a bad cold, enlarged glands, and was unable to swallow. He was ill only six months. Family history was good, there was no record of either phthisis or syphilis. Post mortem, as seen by the members, there was ulceration and partial destruction of the epiglottis. The lungs, which were unfortunately mislaid, were full of miliary tubercles. In the left apex there was a cavity the size of an almond, and the lung was adherent. There was also softening in the right apex. The other organs were normal. Dr. A. Woolverton had seen the patient during his lifetime, and noticed that he was specially anæmic and had the characteristic appearance, but not the physical signs especially, of tubercular trouble; but there was dulness of the left apex. Patient resembled more one with typhoid fever with a slight cough. Dr. Mullin recollected a case in the Hospital that was at first thought to be syphilitic laryngitis, as there was laryngeal trouble, and the patient was an old soldier. Dr. McCargow had seen suppurating kidney in similar cases. Dr. White remembered a case, taken for typhoid, where miliary tubercles were found in the lungs and kidneys, but no suppurating cavities or foci. Dr. McCargow then gave the history of two cases, he had seen in practice, of foreign bodies entering the larynx and being found in the right bronchus. The first case was that of an infant who was playing with some green coffee beans, and had some in its mouth; some one made the child cry; it was seized with an attack of coughing and strangling, and evidently, from the history, would likely have returns of the cough, and did. Acute bronchitis set in, tracheotomy was advised, but not permitted, and the child died in two days. Post mortem—three green coffee beans were found in the right

bronchus. The second case was that of a boy aged 7, who was running while holding a head of timothy in his mouth; he stumbled, and the head disappeared; he was seized with a fit of strangling, but rallied. A few days afterwards he was found to have pneumonia of the right apex. Active treatment was used, and the symptoms would yield, and then exacerbations would occur. A cause was sought by Dr. McCargow, such as an insect in the windpipe, but nothing of the sort was known of or remembered, till suppuration took place and some seeds of timothy came away; the sputa were rigidly examined twice a day; then the mother remembered about the head of timothy, which she had tried to remove at the time. A consultation was asked for, and the late Dr. Strange and Dr. Malloch went out to see the patient. The morning they went to Caledonia (where Dr. McCargow was then practicing), the boy coughed up a foreign body, apparently the head of timothy. But as there were signs of a cavity and gurgling was to be heard, the prognosis was bad, and there was not much improvement, though he continued to expel seeds. Two weeks after the consultation, the foreign body actually did come up, quite hard, and divested of seeds; it was two and a half inches long. The boy was carefully watched by his father, who however, by mistake, on one occasion gave him a dose of tinct. iodini. instead of tinct. opii., the fetor was then relieved but not the cough, so the dose was increased. The mistake was discovered, but on the suggestion of Dr. McCargow, the remedy was continued, and the boy recovered entirely.

Dr. Malloch referred to a case where a surgeon had operated in the dark and alone, and effectually, for the foreign body was loosened by the suppuration and escaped through the opening in the larynx. Dr. Malloch himself had had two cases lately: In one (a child), a piece of almond shell had entered the larynx, but operation failed to discover it; bronchitis set in, and the child died. In the second case, the foreign body was not discovered either, but the patient recovered without inflammation setting in. Dr. Rosebrugh related a case in which he had operated: A lad of 14 was attacked with suffocation every few minutes; the trachea was opened. During the operation he ceased breathing, and it was thought due to the chloroform, but probably was caused by the foreign body, a piece of glass ¾ in. long, which was removed when the trachea was opened, in this case from the left bronchus; the boy recovered all right. He thought inversion often helped the operation. Dr. Ryall related the case of a boy in whom a piece of nut had entered the larynx. He afterwards had asthmatic attacks, which lasted 9 months, and ceased one day after coughing up blood and the piece of nut, which was quite smooth. Dr. Stark remembered a case where a pear-shaped glass ornament had entered the larynx. The breathing was interfered with, sometimes on the left, sometimes on the right. Tracheotomy was performed, and on inversion the foreign body was removed. Dr. Mullin gave some particulars with reference to Dr. Malloch's second case: The boy was whistling with a whistle made of two pieces of tin, ⅜th in. square, tied together. Although never found, it had been heard before the operation, and there had been attacks of laryngeal spasm. The boy has done well and the wound has healed. Dr. McCargow called attention to the fact that when a foreign body is loose there are always attacks of spasm.

Selected Articles.

THE COMPARATIVE RESULTS OF OPERATIONS IN BELLEVUE HOSPITAL.

BY STEPHEN SMITH, M.D.,
Surgeon to Bellevue Hospital, New York.

As we drift with current events, we but imperfectly estimate the real advance which any art or science, with which we are daily familiar, has made within a limited period. It is only when we considerately pause and deliberately compare, in detail, past methods and results with those now practised and obtained, that we fully appreciate the vast changes which have so insidiously and imperceptibly taken place.

Perhaps there is no better place in which to test the progress of practical and operative surgery than the wards of Bellevue Hospital. This ancient institution has within its walls and its immediate environments all the conditions that in modern times are regarded as unhealthful and unsanitary. It was built between the years 1811–16, on the made lands of a cove of East River, without drainage, or adequate sewerage, and without regard to ventilation. During nearly three-fourths of a century the sluggish tides have ebbed and flowed through the sodden soil of its foundation, depositing far more filth than they have removed. Since its

occupation it has been used for a prison, an almshouse and a hospital. Its wards have, from time to time, been crowded with patients suffering from all forms of contagious and infectious diseases. It has been the common receptacle of typhus and typhoid fevers, small-pox, puerperal fever, cholera, and yellow fever. Although many changes have been made in its interior, yet the great and most serious defects of location and construct on have remained unaltered, and may be regarded as permanent.

Bellevue may be regarded as having been a surgical hospital only since 1850, a period of about thirty-five years, during most of which period I have been personally very familiar with the practice in the several surgical divisions. The amount of surgery in the wards of Bellevue has been a gradual increase. With the removal of the New York Hospital, and during the long interval of its non-existence, the surgical practice of Bellevue became large and important, and has remained so to the present time. The surgeons of Bellevue have always ranked among the best in the city, and, as much of their practice in hospital has been public and clinical, it must be assumed that they have endeavored to the best of their ability to illustrate to their classes the highest type and best results of the science and art of surgery of their day. And yet the practice of surgery in Bellevue Hospital has, within the period mentioned, undergone so complete a revolution that one of the older surgeons would scarcely realize that he was in the same hospital where he had practised a decade ago. He would see, with horror, operations fearlessly performed that he had formerly regarded as without the pale of legitimate surgery. He would witness procedures in the after-treatment of operations which would seem to him to be fantastic, and even ludicrous. His astonishment would be extreme on finding that the first week passed without fever, and that no change in the dressings had been made. But, perhaps, the most remarkable feature of modern practice would be the rapid canvalescence and final complete recovery without complication or exhaustion of ordinary operations, which formerly gave so much trouble and anxiety. To make more evident the change in practice, we may contrast in detail the several steps of operations in general, and of individual cases, the methods of treatment, and the results.

The older surgeons of Bellevue Hospital had practiced in the period anterior to the use of anæsthetics. The most important general principle governing the operator was *celerity*—in order to limit as much as possible the amount of pain. Long after anæsthetics came into general use surgeons dwelt with much emphasis upon the necessity of cultivating the habit of operating rapidly. The preparations for an operation were all made with reference to this one feature. So much did this thought absorb the operator that he often became excited and annoyed by the delay. One surgeon, noted for the rapidity of his operations, was often seen, during the last moments of preparation for an amputation, to seize involuntarily the saw and move it rapidly, as if sawing a bone. Now, while every surgeon aims to diminish the period of anæsthesia, mere haste at an operation is only mentioned to be condemned. No part of the elaborate preparations are designed to render the operation simply more rapid. One thought and purpose occupy the mind of the surgeon, and that is recovery without suppuration. To this end all his preparations are made, and the entire procedure is subordinated. Formerly the surgeon prepared his instruments only by keeping them free from rust, and giving them a fine edge. When he operated the instruments were taken from the case, and, without any cleaning, were so placed that he could most readily select the one required. During the operation he laid them down, or dropped them, and without cleaning applied them again to the wound. Now instruments are not only protected from rust and all soiling and kept sharp, but long before the operation they are placed in a carbolic solution, in order that any possible septic matter on them or their handles may be destroyed.

During the operation one assistant devotes himself entirely to the duty of handing the instruments to the operator, and of receiving them from him and at once submerging them in the disinfectant liquid. To avoid the possibility of laying an instrument down on an unclean surface, and then putting it in the wound soiled, towels wrung out of the antiseptic fluid are spread around the wound.

In preparing a part for an operation, an amputation, the surgeon used to do nothing farther than, perhaps, to have superfluous hair shaved off, and that, too, often without soap and water. Patients brought directly from the street or shop, with limbs begrimed with dirt and filth, were subjected to operations without bathing. Even when there was ample time for preparation little or no thought was given to the immediate condition of the part about to be incised. The accumulated secretions of the skin, and the dead epidermis, charged with poisonous animal matters, become part of the wound and its immediate surroundings. Through this layer of filth the surgeon passed his knife into the living tissues beneath, conveying to the deepest parts of the wound matters of untold septic virulence. In this simple failure to secure ordinary cleanliness of the surface, more wounds were poisoned and induced to suppurate than from any other cause. In the closure of the wound the filthy margins were often brought in direct contact with the cut surfaces, and thus the propagation of the germs of fermentation or putrefaction were implanted in a fertile soil. Now, the greatest pains

are taken to cleanse the part about to be operated upon. In addition to a general bath, the entire limb, including the hand or foot, is washed with soap and water, with a flesh-brush, and all the hairs are shaved cleanly from the part. This washing is followed by a douche of an antiseptic solution, and then all the parts adjacent to the wound are covered with towels, wrung out of bichloride solution.

The personal preparation of the surgeon and his assistants for the operation was limited to self-protection against soiling their clothes or person. No special thought was ever given to the condition of the hands and nails. The assistants came directly from other ward duties, their hands soiled with the thousand impure matters which they must handle, and with slight or no washing, engaged actively in the manipulations of the operation. Now the surgeon and his assistants take infinite pains with their hands. Soap and water and the flesh-brush are brought into active use, to be followed by a douche of bichloride solution. The nails, the most fertile source of filth in the body, are rendered scrupulously clean. Many will recall with a shudder the long claw-like nail of one surgeon, which penetrated, unwashed, every wound where he was present. Not only is no bystander invited to put his finger in the wound, but scarcely an attendant at Bellevue would allow such an intrusion.

The sponges of former times were universally believed to be the carriers of filth to the wounds, and yet little was done to purify them except to cleanse them in water. They may have been boiled at first to free them from sand, but they were not purified by any adequate means when first prepared, nor after their use in suppurating wounds. Now, the process of purification of sponges is elaborate in the extreme, and is so exact in details as to render them positively harmless in wounds.

The ordinary silk ligatures were formerly regarded as necessarily foreign bodies in wounds, and no care was taken of them to improve their condition. They were carried about in any convenient pocket, and at the operation the silk was cut of proper lengths, waxed, and then drawn through a buttonhole of an assistant, or laid on any convenient surface. Now, the ligature thread undergoes a long process of cleansing and disinfection at the hands of a chemist, and is then applied to a reel enclosed in a corked bottle filled with antiseptic fluid. From this bottle it is removed only as it is drawn out at the moment of using it. Considering the well-recognized fact that the ligature, as formerly used, was an intense irritant to wounds, it is not surprising that surgeons applied as few as possible. From time to time they resorted to other methods of closing arteries, as by torsion, or metallic wires, to avoid the use of silk. But all these devices bore no comparison to the simple and efficient antiseptic ligature of to-day. Reeled off from the bottle, clean, strong, and supple, the surgeon applies them without other limit than the complete suppression of hemorrhage.

Recognizing the silk ligature as an irritant, the surgeon always used to cut off but one end, and left the other depending from the wound, to be removed by traction when it had finally separated from the end of the vessel to which it had been applied. And well and faithfully did the ligature meet its indications, for, during the first week, the most critical period in the history of the wound, it did not fail to induce free, and often profuse, suppuration. But now, not only does the surgeon apply the ligature, but he cuts off both ends, and closes the wound as completely as if there was no foreign substance left between its surfaces. Nor is he disappointed. No suppuration follows the presence of the ligatures, and union takes place as promptly as if no ligatures had been used. The operation being completed in the shortest possible time, the operator concluded by exploring all parts of the wound with his unwashed fingers. If it was a hernia, he thrust his fingers as far into the abdominal cavity as possible, and explored it freely. This act completed it was a very common occurrence, also, for the surgeon to invite any bystander to examine the wound with his fingers, and sometimes several persons would avail themselves of the opportunity to improve their tactual sensibilities.

Many a wound that may possibly have escaped previous poisoning at the hands of the operator and his instruments, has received the final charge of septic matters from the dirty fingers of a casual looker-on. Now, the most scrupulous care is taken to protect the wound from injury, either at the hands of the surgeon or his assistants. Exploration is cautiously made with fingers cleansed and disinfected, and even that act is completed by a douche, over the entire surface examined, of the bichloride solution. If the finger of a bystander were introduced into the wound unwashed and undisinfected, the surgeon would regard the act as probably fatal to recovery without suppuration. Hence, no one is now invited by courtesy, or to obtain an opinion, to examine the wound by digital exploration unless they have made due preparation for the act.

In closing an ordinary wound the surgeon formerly took great pains to provide for the drainage of pus. The most dependent part of the wound was left open, and all the ligatures were drawn out at that point. The edges of the skin were brought into apposition by the interrupted suture, at intervals of half an inch, and the intervening skin was approximated by adhesive plaster. The suture and adhesive plaster were alike unprepared by any process that would relieve them of filth, and far too often both contained the germs of putrefaction. Now the surgeon employs sutures that, like the ligatures, have been relieved of all possible elements

of poisoning, both in their preparation and in the method of preserving them. In closing the wound he aims to avoid suppuration altogether, and to secure the immediate union of parts. The suture being non-irritating, he freely stiches together all the deeper structures first, wherever they can be approximated, and then the more superficial parts are brought into firm and exact apposition. Instead of the interrupted suture, which leaves the wound gaping at intervals, and necessitates the use of adhesive plaster, he employs the uninterrupted, or glover's suture, which closes the wound throughout, and relieves it of all necessity of additional support. Wherever there is liability of the collection of fluid from the immediate drainage of the surface of the wound, he inserts a drainage-tube, as a temporary expedient to prevent distension of the wound, and possible putrefaction. The advantage of this latter dressing over the former are apparent. No irritant is allowed to enter the wound. The suturing of the deeper structures brings into close and permanent apposition parts that formerly separated.

The continuous suture has great advantages over the interrupted suture, especially when it is taken deeply in the margins of the wound. It not only brings the surfaces into firm apposition at the points where it traverses the wound, but by whipping in the edges, in the parlance of the tailor, where it passes over the wound externally, it relieves us of the necessity of any additional supporting dressings. The advantages of this method of dressing, therefore, are great, and, indeed, vital, in the effort to secure immediate union.

The final dressing of the wound formerly was the adhesive plaster and the bandage for support and retention. The plaster was never rendered aseptic, and by its close relations to the wound was dangerous. The bandage was usually of unbleached muslin, and had no special cleansing or preparation for the wound. It may not have been harmful, but it added to the risks of infection. Now, the wound once closed, is protected from external infection by dusting the surfaces with iodoform. Then pads of disinfected materials, with iodoform sprinkled between the layers, are applied; sometimes over a large area around the wound, and in considerable numbers. The whole is retained by bandages of disinfected materials carefully preserved in a disinfected atmosphere. The addition of these external dressings, prepared with so much are, and adjusted with so much painstaking, has een very much criticised. It is possible that they e often unduly multiplied, but the results justify ıe faith which so many surgeons have in them.

In speaking of the closure of wounds, it should) stated that while the older surgeons did not ose many wounds, as those of exsection, surgeons)w close all such wounds. This difference in eatment is one of the most striking features in e comparison of the surgery of the present time and that of a decade past. The former surgeon prepared the wound for suppuration, the later surgeons dressed it as for union without suppuration. Both uniformly realized their expectation.

If we follow the wounds treated by these two methods from the first to the last dressings, the contrast is remarkable. If the wound were large, on the second or third day the fever formerly began, announcing suppuration, and from this date, for weeks after, the dressings were changed daily, one two, or three times. The pus-basin, the irrigator, and the dressing-forceps were in constant demand. In many wounds the suppuration was so profuse that vessels were placed under them which received the continuous discharge. The fever generally ran high, with consequent exhaustion and depression of the patient. Septicæmia, as we now understand it, was the intermediary fever of that day, and was regarded as a usual, if not a necessary, sequel of all considerable operations. Following this fever, or rather insidiously engrafted upon it, were chills, fever, and profuse sweatings, now recognized as pyæmia, but then regarded as only another stage of surgical fever. Few indeed survived this fever; and in the diffused or metastatic abscesses revealed at the autopsy the surgeon discovered a cause of death quite beyond his power to prevent, control, or even comprehend. The vast change in the progress of operated cases during the past ten years can scarcely be realized. Surgical fever with all its disastrous variations, is, in practice, rare in Bellevue Hospital. Pus, as an outcome of surgical operations, is a thing of the past. On one occasion last winter, a teacher in one of the medical colleges sent to the wards of Bellevue for a specimen of pus for exhibition to his class, but none was to be found in the four surgical divisions of the hospital, although there was at that time an unusually large number of wounds and operated cases under active treatment. The wound is now dressed with no expectation that fever will rise, or that suppuration will occur, or that the dressings will require renewal on account of the presence of pus. The patient sleeps and eats well from the first, and the surgeon removes the dressing, often only to find the wound united. This remark is true, not only of incised wounds, but equally of wounds of amputation, excision, ligation of arteries, etc.

If now we turn from this review of the several stages of operations in general to particular operations, we find many curious instances of the remarkable progress of practical surgery in this hospital. It must be understood that in every operation all of the general precautionary measures already described are scrupulously taken and carried out, and, therefore, only special differences in treatment will be mentioned.

Compound fractures were formerly regarded as proper cases for amputation, if the local injury exceeded a single fracture, with a simple penetration

of the soft tissues. And even the simplest cases of compound fracture were reserved for treatment with many misgivings as to the result. The dictum of Hunter that "compound fractures commonly suppurate" was ever the guiding principle in the mind of the surgeon. If, therefore, the wound was extensive, or the bones comminuted, or a joint involved, amputation was the rule. If it were decided to endeavor to save the limb, the only measures adopted were sealing the external wound with some imperfect substance, and placing the limb in a comfortable position. The old fracture-box for the leg and the fenestrated gypsum bandage were the only measures employed. The fracture-box, with its bed of bran or sawdust, was regarded as a remarkable advance in the treatment of compound fractures of the tibia. Placed in the box, with the foot fixed to the foot-board, the wound was covered with bran, and suppuration allowed to go on *ad libitum* and *ad infinitum*. The contrivance had no merit whatever. On the contrary, it greatly aggravated the suppuration by fixing the lower fragment, while it allowed the upper fragment to move freely upon it every time the patient moved. The gypsum splint and bandage had the merit of keeping, or aiming to keep, both fragments at perfect rest. This method of treating compound fractures was a real step in advance, but it did not prevent suppuration in some measure. To-day compound fractures are welcomed to the wards of Bellevue as a class of cases which give the most satisfactory results.

Amputation is not thought of unless arteries and nerves are so far destroyed that death of the extremity must follow. Even when the wound involves a joint, the question of amputation is not more pressing. The treatment pursued is designed—1, to remove from the wound every particle of matter liable to injure the tissues and induce suppuration; 2, to place in fixed apposition all of the tissues composing the wound; 3, to cleanse and disinfect the wound, and protect it from becoming soiled during recovery; 4, to protect the wound from any movement of the parts entering into it while the process of repair is going on. The procedure, so far as concerns the wound, consists in freely exposing the injured parts by incision, removing all effusions of blood, shreds of injured tissue, fragments of bone, and then wiring the bones together so that fractured parts exactly fit each other, next stitching together all cut or torn tissues with prepared catgut thread, as far as they can be brought together; then the final closure of the wound, except where a drainage-tube may be inserted into a cavity of the deep parts; and finally, the external antiseptic dressings and a light bandage of plaster-of-Paris, and over all a wire gauze splint for suspension. This treatment of compound fractures is so uniformly successful that the surgeon has none of that care and anxiety after the final dressings which formerly harassed him. If there should be symptoms indicating suppuration, the dressings are at once removed, and the source of the trouble searched out and destroyed.

Amputation wounds rarely, if ever, recovered at Bellevue, except after long-continued suppuration From the smaller amputations patients recovered in due time, but often greatly enfeebled by the drain of suppuration. The larger amputations were terribly fatal. A resident surgeon once made the statement that a recovery after amputation of the thigh had not occurred in Bellevue Hospital "since the time that the memory of man runneth not to the contrary." Though this remark was not strictly true, it had a painful significance to the surgeons of that period. Suppuration with its sequelæ, septicæmia, pyæmic, and hectic fevers, was the scourge of the surgical wards. The open method of treatment of amputation wounds, advocated by Dr. James R. Wood, had only the merit of not confining the pus within the wounds, and of thus dimishing somewhat the liabilities of septicæmia and pyæmia. It did not prevent suppuration, the source of all the evil. The treatment consisted in closing the upper part of the wound, and placing the stump in such a position that the pus flowed freely out into a vessel placed to receive it. The period of suppuration was undoubtedly diminished by this free exposure of the wound to the air, and the application of balsam of Peru, a favorite remedy with Dr. Wood. The open method was, therefore, a decided improvement upon the old method of closing wounds, but it came far short of the present method, which prevents suppuration altogether, or reduces it to a minimum. Except for the unfavorable conditions incident to the injury, amputations are now among the most successful operations at Bellevue. Death by suppuration and its results, does not occur.

Excision of the larger joints was formerly a most doubtful and dangerous operation. The wounds were flooded with pus for months; and if the patient survived, it was only after the most desperate struggle. The specimens of exsected joints in the Wood Museum, honey-combed with channels through which pus flowed out from the deeper parts of the wound, will be lasting witnesses to the destructive pathological processes which the surgeons of a former period could not avert, and which brought to an untimely issue the best-planned operations. In dressing exsection wounds the older surgeons made ample preparation for suppuration. The wound was left open, and the limb was placed in such position as would allow the pus to escape most freely. For months the patient lay in the same position, waiting under the excessive drain, and often having as a dreaded complication extensive bed-sores. Now the surgeon completes the operation by firmly and accurately closing the wound at all points, except where the draining-tube

emerges. This tube is used only for the temporary purposes of relieving the wound of accumulating serous fluid, and is soon removed. As a rule, excision wounds now do not suppurate; union takes place by rapid and healthy granulation,

During the past year or two we have had under observation many cases of excision of the knee-joint, the hip-joint, the elbow-joint, and the ankle-joint, which have been repaired with suppuration. In one instance of old and destructive inflammation of the ankle-joint the articular ends of the tibia and fibula, the surfaces of the astragalus and os calcis, and all of the surrounding tissues had to be thoroughly scraped to remove the dead bone and fungous granulations. When the cavity was prepared for dressing it was enormous. But as all diseased structures seemed to be removed, and the wound appeared everywhere clean, it was dressed for union without suppuration. The wound did heal without other suppuration than a slight amount of pus, which discharged from a small carious surface. The health of the patient began at once to improve, and in due time she was about the ward, on crutches. We may now say of excisions as of amputations, that they are regarded as simple and very safe operations.

The ligation of large arteries was formerly justly estimated as a very serious operation. The common silk ligature, prepared by unwashed hands, was left depending from the wound. To do its work properly it must in due time sever the strangulated artery by the ulcerative process, and then be removed by traction. With the keenest and often most painful anxiety, the surgeon daily watched the wound to note the amount of suppuration, and gently tested the firmness of the ligature. If after the separation of the ligature the suppuration dimished, and finally ceased, the surgeon was happy and boastful of his success. But far too often the suppuration did not diminish, and to the dismay of the surgeon a slight oozing or gush of blood indicated to his practiced eye a fatal issue by secondary hemorrhage.

How desperately yet vainly he struggled against fate, by resorting to pressure, position, styptics, etc., the older surgeon can alone realize. The repeated hemorrhages, or uncontrollable outburst, at length placed the case in the category of unsuccessful operations. Now, how completely are all the conditions of the operation changed! It is no longer necessary to divide the artery by the ligature to accomplish our object, and thus endanger life by hemorrhage; but, on the contrary, we seek, while we interrupt the circulation sufficiently to effect our purpose, to strengthen the artery by our operation. The indications now are the opposite of those which before obtained. The ligature now selected is non-irritating, and preferably absorbable, as catgut. When applied, it may, or may not, divide the internal coats of the artery. In either case the wound is completely closed and no suppuration occurs. In the repair the artery enlarges externally at the seat of the operation by nutritive action, while the coagula organize internally and close its calibre. Secondary hemorrhage after the ligation of arteries has, therefore, become an incident of the past. The conditions no longer exist which make it possible. Ligation of the common carotid is a familiar operation at Bellevue, and was often performed with great skill by Dr. Wood, who published an elaborate monograph on that subject. I aided him in the examination and collection of cases, and in the preparation of the text, and was impressed with the destructive effects of the ulcerative process which attends the separation of the ligature. Some time since I had occasion to ligate this artery, and applied the catgut ligature, cutting both ends close to the knot, and closing the wound perfectly. Union promptly followed, and nothing further was seen of the ligature. The patient died at the end of two months of cancer of the mouth and pharynx, and the autopsy revealed an enlargement of the artery at the seat of the ligature to twice its normal size, by a ring of new tissue completely encircling it. On incising the artery at this point, the remains of the ligature were found in this ring, and the coagula had organized and closed its cavity permanently. It was evident that the ligature had greatly strengthened the artery instead of destroying it, as in the old operation.

It follows that, if the major operations are now performed with so much success, the minor operations are correspondingly successful. If we take as an example the treatment of cold abscesses, the improvement is very noticeable. Formerly a cold abscess unconnected with bone, as in the thigh or on the back, were preferably allowed to open themselves. If the surgeon ventured to operate, he usually made a "valvular incision," and allowed part of the contents to flow out, and then closed the wound. This operation was repeated many times. When aspiration was introduced, it was regarded as a great advance. The fear of the surgeon was that air would enter the abscess cavity, and set up active suppuration. I recall a case of large abscess of the back, in a young woman, which, after consultation and much deliberation, Dr. Van Buren ventured to puncture directly. The interest taken in this bold operation was very great, and the progress of the case was watched with much anxiety by the operator. Profuse suppuration followed, and the patient nearly lost her life. Now these abscesses are promptly cured and without suppuration, by opening them freely, and with the curette, scraping out all the old granulations and diseased tissues; then thoroughly cleansing the cavity with bichloride solutions, and finally pressing the walls gently together with disinfected sponges and bandages, or other antiseptic

dressings. The walls of these abscesses, sometimes of enormous size, and many square feet of surface, promptly unite, and often under the first dressings.

And not less important is the change in the treatment of abscesses connected with carious bone. Abscesses in the lumbar and femoral regions, caused by caries of the spine, were once greatly feared at Bellevue.

Billroth's advice was very rigidly followed, viz: "If the abscess comes from a bone on which an operation is impossible or undesirable, do not meddle with it, but be thankful for every day it remains closed, and wait quietly until it opens, for thus there will be relatively the least danger." Now these abscesses are immediately opened and kept thoroughly cleansed, together with their sinuses, by bichloride solutions, with a marked diminution, and in some cases, a complete suppression of suppuration. In several instances of both lumbar and femoral abscess from spinal caries incisions have been freely made, the pus evacuated, and by means of the soft rubber catheter gently passed along the sinus, the carious abscess itself has been thoroughly and repeatedly cleansed and disinfected with carbolic or bichloride solutions, followed by rapid diminution and final complete cessation of suppuration. Meantime, the patients have rapidly recovered from the symptoms of blood-poisoning from which they have been suffering.

At a recent period a method of treating large abscesses and diffused collections of pus in cellular tissue by the introduction of large perforated drainage-tubes, was practised. Through these tubes the antiseptic solutions were frequently injected, with a view to irrigate the diseased surfaces and tissues. It was a most unscientific method, and was soon abandoned. Instead of it, we have the present rational practice of carefully opening all collections of pus, cleansing the cavities, removing all granulations and other diseased tissues, and closing the wound permanently. The former method often resulted most disastrously; the present never fails of complete success when properly performed.

Perhaps the most marked illustration of the great improvement in operative surgery in Bellevue, may be found in the unvarying success which attends the treatment of simple fracture of the patella by wiring together the fragments. It was eminently fitting that this operation, so novel and startling as to be received with almost universal ridicule by older surgeons, should have first been proposed by the great apostle of antiseptic surgery. By proposing and successfully executing this operation, he expressed his faith in his teachings in form more emphatic and convincing than language could. This procedure does, indeed, embody the very spirit and genius of the surgery of to-day, viz.: Boldness to audacity in the conception of an operation, and conservatism the most absolute in the method and means employed in executing it. And yet this operation is now accepted as legitimate in Bellevue, and is of almost weekly occurrence in one or the other of its surgical divisions. And no operation, so inherently dangerous when performed according to old methods, has ever proved more successful. It has now been performed in more than a score of cases without an unfavorable result.

Though this paper was to be limited to a review of the comparative results of the ordinary surgical practices of Bellevue, formerly and now, with a brief commentary upon the means and methods employed, I cannot pass unnoticed the success which attends the practice of gynecology in that hospital. The surgery of the pelvic organs of the female is based on the same principles as those which govern the general practice of surgery in Bellevue. And the results are equally remarkable.

Septicæmia and pyæmia are almost unknown in the pavilion devoted to this branch of surgery, and recovery after operations is rapid and complete, unless the case is complicated with conditions quite beyond control. The following statistics show the great success of operations in this branch of practice at Bellevue. Dr. Wylie states that since November, 1883, he has performed laparotomy thirty times, chiefly in the Marquand and Sturgis pavilions, with five deaths. Of the cases proving fatal, two were hysterectomies, one for cancer of the uterus, and the other for a myoma weighing fifty pounds; two were cases of pelvic abscess, complicated with purulent collections in the fallopian tubes. All of the cases of ovarian cysts recovered.

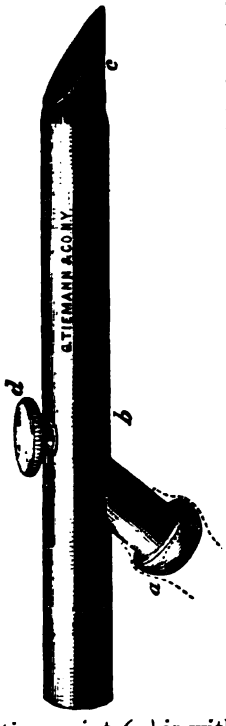
In reviewing the surgical practice of Bellevue, it is not difficult to determine the essential feature of the present methods as compared with those of the past. Cleanliness is the one great object sought to be attained in all operations. Whatever may be the final conclusion of scientific students as to the cause of putrefaction in wounds, practically it is determined that the surgeon may, with the most absolute certainty, protect an ordinary open wound from suppuration. To effect this object he finds that he has simply to resort to those measures which are known to secure perfect cleanliness of the wound. The agents now relied upon and found efficient are: 1. Soap and water to external parts. 2. Carbolic solutions for the instruments. 3. Bichloride solutions to all surfaces and tissues. 4. Iodoform for external dressings. We may summarize the conditions regarded as essential to success as follows, viz.: *A clean operator; clean assistants; a clean patient; clean instruments; clean dressings.—Med. Record.*

OXIDE OF ZINC, according to Prof. Peterson, of Kiel, is just as good as iodoform in the treatment of wounds, is not poisonous, is cheaper, and does not smell offensively.

A NEW OVARIOTOMY TROCAR.

BY E. S. DUNSTAR, M.D., ANN ARBOR, MICH.

With a view of obtaining a less complicated as well as a less expensive ovarian trocar and canula, than the well-known and excellent instruments of Sir Spencer Wells and the "Fitch dome," I suggested to Mr. Stohlmann (senior partner of the house of George Tiemann & Co.), to make for me the instrument illustrated in the accompanying wood-cut engraving. The drawing (which is of half size) shows so clearly what the instrument is, that no elaborate description of it is necessary. It consists simply of two concentric and accurately adjusted tubes, one sliding within the other, thus making a canula and trocar proper. The canula *(c)* is adjusted by the set-screw *(d)*, and has in it a fenestrum shown in dotted lines at *b*. When the cutting point of the canula is withdrawn into the trocar, this fenestrum comes directly opposite the outlet tube *(a)*, to which rubber tubing, at convenience, is to be attached. The instrument, in using, is held in one hand just like a pistol; the proximal end of it, which is capped with a solid convex plate, is placed in the hollow of the hand; the middle ring, and little fingers grasp it in front of the outlet *(a)*, while the thumb and index-finger are free to fix or move the canula forward or backward as required by means of the set-screw *(d)*. When the cutting point *(c)* is withdrawn into the trocar, there is no sharp edge or point which can damage the tissues into which it may be introduced.



The special advantages claimed for the instrument are: 1, it can be held and used with one hand alone, leaving the other hand free for the operator to use as may be required, while the grasp (pistol-fashion) is so firm that the instrument is nder perfect control; 2, the construction is so mple that the instrument can be cleaned and ept clean with ease; in these days of antiseptic surgery this feature in an instrument is an import-nt consideration. By removing the inner from the ter tube every portion of both inner and outer rfaces of the instrument can be easily reached ith a carbolized cotton swab, and there are no arp angles, corners, or crevices in which septic tter can lurk to do its deadly work by being carried into the tissues in operating; 3, it is, or ought to be, furnished at much less expense than either the Spencer Wells or the "Fitch dome."

The instrument is nickel-plated and burnished inside and out. I have used it in several ovariotomies, and it works with perfect satisfaction. I would suggest that if made of various smaller sizes and lengths it will be found an excellent and handy substitute for the trocars in use in general surgery.

TREATMENT OF PELVIC HÆMATOCELE.

[This affection is so comparatively rarely met with that we are apt to become rusty in the treatment, hence it seems well to reproduce the following remarks of Dr. Alfred Wiltshire's from the *Lancet*.]

As to the treatment of pelvic hæmatoceles, the cardinal injunction in most cases is absolute rest and opium. The value of opium is here transcendent. It tranquilizes, relieves pain and enables the exhausted and collapsed patient better to bear the blood loss, while it compels repose, both mental and bodily. But to procure these desirable ends it must be given in full doses, and be repeated as may be necessary. The best method is to give it in one grain-doses of the solid opium, either in pill or powder. Next to solid opium, Battey's sedative solution of opium is good; but morphia is much less useful in these hemorrhages, especially in the cataclysmic forms. Ice and brandy, champagne, or other suitable stimulants may be requisite; and, above all, Valentine's meat-juice is most valuable. Peptonized meats and other foods (Bengers's, Darby's and others) may be useful adjuncts. In certain cases the hypodermic injection of ergotine of Tanret (Paris) may be helpful, and tincture of hamamelis may help in certain forms. The bladder should be relieved by catheterism with antiseptic precautions, as may be required. The use of astringents, such as gallic and other acids, is not great in these accidents, nor can I recommend the use of heavy bags of ice to the abdomen. But besides medical treatment, certain grave surgical questions arise in some cases, and demand urgent solution; for example, in cases where there are reasonable grounds for suspecting the source of internal hemorrhage to be a ruptured tubal or other pregnancy, and in similar accidents, such as bursting of a vein in the pampiniform plexus or elsewhere, where the diagnosis is sufficiently clear; in short in those cataclysmic intra-peritoneal bleedings where rapid dissolution is threatened, prompt operation may not only be justified, but become imperative to rescue the patient from impending death. It must not be forgotten, however, that even in ruptured ectopic gestations many patients recover without operation, as has happened several times within my own experience.

The difficulty of accurate diagnosis is no doubt sometimes great, but not always; and when the well-balanced judgment arrives at reasonable grounds for belief that hemorrhage threatening to be rapidly fatal is going on unchecked from a controllable vascular lesion, then a bold, but not rash, interference is justifiable, and in these days of heroic abdominal surgery, laparotomy should be done without delay.

During the later stages of pelvic hæmatoceles watchful supervision of the patient is necessary. The bladder should be carefully attended to with scrupulous cleanliness and great gentleness. Bed-sores should be prevented if possible. The bowels as a rule should seldom be opened. The mouth often becomes sore from the glazy and raw condition of the tongue and lips, therefore all food should be bland. Sedative mouth washes give much relief (borax, myrrh, wine of opium, mucilages, and orange flower or rose water). The better patients are fed and cared for, the sooner, does the effusion disappear according to my experience. Care should be taken to guard against relapses or exacerbations, which are apt to occur about the time of the next catamenial period. I have been able occasionally to predict a fresh effusion at these epochs; and when such happens, it is followed by fresh manifestations of hæmatic jaundice. There is periodicity about these forms of hemorrhage, and the explanation of effusions occurring at the inter-menstrual or fortnightly periods is that it is part of a minor nisus that happens then. The condition of the vascular system will warn the physician, and the sphygmograph or finger may indicate increased arterial tension, while the eye can see the venous turgescence. Undue vascular excitement may be reduced by aconite, amyl-nitrite, nitro-glycerine, the bromides, etc. The pelvic viscera may be quieted by actæa racemosa, monobromide of camphor, Indian hemp, conium, gelsemine, and so on, given internally, and by vaginal pessaries of iodoform, conia, morphia, atropia, etc., or by rectal suppositories. An atmosphere of turpentine about the sick chamber is good, both for styptic and purifying influences. With reference to the puncture of hæmatoceles, I should as a rule, deprecate opening, and would counsel caution in resorting to any operative measures. Should relief become necessary in the latter stages from suspicion of suppuration or decomposition of blood, or from clear evidence of intolerable or dangerous tension, then aspirate by the vagina and not by the rectum; but operation is generally undesirable, and should be carefully resorted to. During convalescence hot air and water will be found beneficial, and where absorption is tardy, poultices of scalded sea-sand and brine baths are essential.—*Med. and Surg. Reporter.*

ABSORPTION OF INTRA-PERITONEAL LIGATURES.—Dr. J. C. Irish, of Lowell, Mass. (*Boston Medical Journal.*) says:—Since the intra-peritoneal treatment of ovarian pedicles with short ligatures has so universally replaced the older modes by clamp or ligatures brought out at the lower angle of the wound, it has become a question of great interest to learn what becomes of these foreign bodies enclosed in the abdominal cavity. This subject has been extensively investigated by Spiegelberg and Waldeyer, with a series of experiements upon animals. Doran, also, reports ten cases in which he has examined the pedicle at some time after an ovariotomy.

These observers found that a plastic effusion extending from the proximal side of the pedicle to the distal, over the ligature, would establish a vascular connection with the ligature portion, sufficient to prevent its necrosis. Afterwards, young granulation cells would spring up and insinuate themselves among the individual fibres of the ligatures, separating the threads and unravelling them, and finally, that these fibres would become entirely absorbed.

In exceptional instances, however, the ligatures would slip off the stump, become encysted, and remain without further change.

I have been unable to learn the length of time required for the completion of this process of absorption, or the variations in extent of time that occurred in different cases. The following case, however, demonstrates that complete absorption of the ligatures may take place, as it seems to me, in a very short space of time.

January 13, 1885, I removed an ovarian tumor from a patient at Lowell. The pedicle was ligated in two sections with "Tait's Knot." The ligatures were cut short and enclosed in the abdominal cavity. The patient made a rapid and complete recovery from the ovariotomy. But May 5th, that is four months less eight days after the date of the ovarian operation, she died of acute pulmonary tuberculosis. At the post-mortem examination, a very careful search was made for the ligatures. All trace of them had disappeared from the pedicle. Although it was very improbable, from the manner in which the pedicle had been tied, that they could have slipped off and become encysted, still so thorough an examination of the pelvic cavity was made as to convince us that it was impossible that they had found any place of lodgement there. Therefore, in this instance, the entire absorption of the ligatures had taken place in twelve weeks or less.

EXTERNAL TREATMENT OF NIGHT-SWEATS.—The *Therapeutic Gazette* (August 15,) remarks concerning the treatment of night-sweats by external applications, that Nicolai (*Gazette Médicale de Paris*, June 6, 1885) obtained very good results in the case of night-sweats of phthisical patients, and

others, by the employment of eight gramms of chloral dissolved in two tumblersful of a mixture of equal parts of brandy and water. Every evening before going to sleep, the patients are washed off with a sponge soaked with this solution, and if that does not serve to control the sweating, the shirt in which the patient sleeps is soaked with the same solution and then dried. The effect of this treatment is claimed to be especially satisfactory in cases of children, not suffering from phthisis, in whom night-sweats are present. Sometimes four rubbings with this solution are sufficient to entirely arrest the night-sweats for several weeks.

The tincture of belladonna is also highly recommended by Radakow for the suppression of the night-sweats of phthisis by external friction with a mixture of four grammes of the tincture of belladonna with thirty grammes of water, the friction to be made about two hours before the ordinary onset of the sweating. The fluid is to be poured into the palm of the hand and then rubbed over the entire body, with the exception of the head and the extremities, and the manipulation may be continued until the skin becomes quite moist. This treatment has been employed by Radakow in fifty cases, and he claims that it has not failed in a single instance, although sometimes localized sweatings appeared on the parts which had not been bathed with the tincture of belladonna.—*Boston Med. & Surg. Journal.*

JAUNDICE AND PAIN IN BILIARY COLIC.—Mr. Lawson Tait, in the *Lancet*, July, 1885, offers some suggestions as to the reason why, during the passage of gall-stones, there is frequently no jaundice. In fifteen cases of cholecystotomy there has been no history of jaundice, and Mr. Tait has found that the occurrence of jaundice, either in the skin or in the urine, during and after the passage of the gall-stone, is of extreme rarity, and not, as has been believed common. Mr. Tait believes that the explanation of this fact lies in the following anatomical conditions of the cystic and common ducts. The common duct is not so long(3 inches) as most text-books assert, and is much less rigid and more easily dilatable than the cystic duct, which is larger than is usually described, namely, one inch. Hence, we can understand how a stone, if not of very great size, will cause intolerable agony while passing through the unyeilding cystic ct, and without a trace of jaundice ensuing, the ll-bladder alone being its propellent force; but e moment it enters the common duct the extend- g impulse will be increased by the influence of e whole excreting force of the liver, so that its ssage through the common duct is more rapid. ıe chief symptom then, that of pain, is due to the ıw passage of the calculus through the unyeilding ıtic duct, whilst its rapid passage through the ıily distended and much larger common duct gives no time, in the majority of instances, for the production of jaundice, which only takes place after long-continued obstruction of this the common duct.—*Brit. Med. Journal.*

VACCINATION AFTER EXPOSURE.—According to the last quarterly report of the proceedings of the Illinois State Board of Health, 144 persons suffered from small-pox, the disease having been contracted at a negro "protracted meeting," and of this number 120 had never been vaccinated. Within from three days "to about a week," 14 of these 120 persons were vaccinated. Amongst the remaining 106 cases 38 died, being a mortality at the rate of 35.84 per cent. Of the 14 vaccinated after exposure all recovered; and amongst the 37 who had been vaccinated prior to exposure, one single person, vaccinated once twenty-five years before, died. The late Mr. Marson attached no value to vaccination if performed after an interval of four complete days from the exposure, his statement being as follows: "Suppose an unvaccinated person to inhale the germ of variola on Monday; if he be vaccinated as late as the following Wednesday the vaccination will be in time to prevent small-pox being developed; if it be put off until Thursday the small-pox will appear, but it will be modified; if the vaccination be delayed untill Friday it will be of no use—it will not have had time to reach the stage of areola, the index of safety, before the illness of small-pox begins." But the Illinois report gives prominence to the belief that vaccination has a positive therapeutic value as well as the prophylactic power to which Mr. Marson referred, and in the fifth annual report of the Board of Health it is alleged that "if a patient be vaccinated during the febrile stage and the vaccination progress normally . . . the areolar stage of vaccination will be reached before the dangerous tenth day of the variolous disease, and, as has been repeatedly witnessed, the graver disease will be aborted, jugulated, or materially modified." Hence it is inferred that it is never too late to vaccinate; we prefer, however, the alternate maxim laid down, which is that in cases where there has been possible exposure "it is never too soon to vaccinate."—*London Lancet*, Aug. 22d.

CALOMEL IN BOWEL COMPLAINTS.—The older practitioners were great advocates of the mercuric salts—particularly of calomel—in bowel complaints; and some of our recent therapeutists of the "physiological school" adhere to the old practice only with a modified dosage. The old explanation of the *modus operandi* of mercury in these complaints was that it induced a flow of bile, and the bile in turn arrested putrefactive changes in the contents of the alimentary canal. It would appear from recent experiments by Sternberg (*Med. News*, Sept. 12), that calomel does correct decom-

position in the alvine contents, not necessarily, however, if at all, by stimulation of the hepatic secretion, but by its direct destructive action upon the bacteria of putrefaction. Sternberg says :—

"The following simple experiment may, perhaps, serve to explain the demonstrated value of calomel as an "alterative" in bowel complaints attended with offensive discharges : If a little calomel is broken up in a test-tube with putrid beef-tea, a black precipitate is thrown down. I have made no attempt to examine this black precipitate chemically, but it can scarcely be anything else than the black oxide of mercury which my recent experiments show has decided antiseptic power when present in putrescible material in the proposition of 1 : 1000, and entirely prevents the putrefactive decomposition of beef peptone solution in 1 : 500."

Salisbury Steak—The Salisbury steak is made by taking the best slices of the "round" of the beef, and chopping it with *dull* knives. The object is not to cut, but rather pound the meat. By thus treating it, the pulp comes to the top, and the tough, fibrous portion remains below. This pulp is scraped off and made into cakes, like sausage-cakes, or in the shape like a good-sized steak and *gently* broiled on a gridiron. It has been found that meat gently cooked is more digestible than raw. The fire must be good, so that the meat may be rapidly broiled—that is, be cooked on the outside and almost raw inside.

A little salt and pepper and a small amount of butter added make a not at all unpalatable dish, and one which contains *all* the strength of the beef, with the tough, indigestible portion entirely separated. This diet is used exclusively in chronic cases, by physicians professing to treat according to the Salisbury method. They use but few drugs, and what they use are mainly tonics. The diet is used not only in diseased digestion, but diseases of liver, kidneys, stomach, bowels, nerves, etc., and remarkable results are said to have been obtained. —*N. Y. Medical Times.*

Chronic Atony of Bladder.—P. Donovan, F.R.C.S.I., Kingstown, writes : In answer to the inquiry of "Old Member," as to the treatment of chronic atony of the bladder, I would recommend him to pass an electric current each day for a period of five minutes, from a Stohrer's battery, from the sacrum to the pubis, and along the perinæum, and to try the following mixture at the same time, with the cold sitz bath, or, better still, sea bathing every morning : ℞ Tinct. ferri perchloridi, ʒ ii. ; liquor strychniæ. *P.B.*, ʒ ss ; liquor ergotæ, *P.B.*, ʒ ii. ; syrupi limonis, ℥ i. ; aquam ad ʒ viii. One ounce to be taken twice daily.

I have lately had a gentleman under my care, who had lost all power over his bladder, and had to be relieved two or three times each day by the catheter. He is now perfectly well, with full power over the organ, although he is seventy-eight years of age. The above treatment in this case was most successful.—*Brit. Med. Jour.*, Aug. 22d.

Edinburgh Mixture for Gout.—The solution of the biniodide of mercury in potassic iodide, known as the Edinburgh mixture, is of great service in the treatment of gout. Dr. C. R. Illingworth (*Brit. Med. Journ.*, May 30, 1885) prescribes it as follows :

℞	Sol. hydrarg. bichlorid. (P.B.)		ʒ vj
	Potass iodidi		ʒ ss
	Inf. quassia	ad.	℥ vj

M.—Sig. Teaspoonful every three hours.

If there be much pain, he adds two-minim doses of the solution of morphine, or five-grain doses of chloral and bromide of potassium with simple syrup. Of course when congestion or actual inflammation of the kidney or other internal organs exists, this preparation should not be used.—*Therap. Gazette.*

The Careful Patient.—The following joke is at the expense of a Chicago doctor He was about to anæsthetize a patient, when, in answer to a question, he informed the victim that he would be entirely unconscious and know nothing until the offending growth had been removed. The patient accordingly commenced to fish his loose change out of his pocket. "Oh, you need not mind the fee until I am through," remarked the considerate doctor. "I don't intend to pay you yet," returned the patient, "I wish merely to count my money, to see how much I have." The doctor saw the point and was much amused.

Subcutaneous Ligature of the Brachial Artery.—Dr. Raimondo Cannizzaro, being called upon to ligate the brachial on account of a wound involving the radial and ulnar branches, made a valvular opening by drawing the skin tight, tied the artery with carbolized silk and allowed the skin to slip back covering the wound. The superficial wound healed by first intention, and in seven days the patient left the hospital cured.—*Revue de Chirurgie*, August 10, 1885.

The Use of Iodine in Diphtheria.—Adamson (Practitioner) adds his testimony to the efficiency of the iodine treatment. He lost only two patients out of 55 treated with the tincture alone, although some of the cases were very grave. For adults he gives from five to seven minims every hour, and for children between six and 12 years of age from two to three minims every two hours, Special mention is made of syrup of quince for disguising the taste of the drug.—*N. Y. Med. Journal.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, NOVEMBER, 1885.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

THE PHYSICAL IMPROVEMENT OF MANKIND.

The physical improvement of mankind is no new problem. From a remote period it has received more or less attention; but not until our own time has it received that attention which its importance demands. Gradually this problem, in one form and another, has been forcing itself upon the attention of thoughtful minds, until now it has come to the front as a question of the first magnitude. To this end all civilized governments make money appropriations, and in various ways promote sanitary work. All this is highly gratifying; no better evidence could be afforded of the spread of knowledge. The common schools of a country are the most powerful agents employed in sanitary reform. Filth, no less than superstition, is the patrimony of the ignorant. Witness the opposition of the ignorant masses of Spain, Italy, and our own country, to necessary sanitary measures, in the present terrible visitations. Wholesome sanitary conditions are not only evidences of advanced civilization, but are part and parcel of vilization itself.

The physical improvement of the race through proved surroundings, presents an attractive field the philanthropist. In none are good results ore fruitful or more self-satisfying. It implies s disease, less suffering, and saving of time and expenses incident to sickness; it means more wer for the wage-earner, more food and clothing, and more home cheer and comfort. Such are a few of the blessings that unfailingly come to mankind through the adoption and practice of well-known sanitary laws. Sickness, suffering, and premature death are seen on every hand in all lands, even in the most favorable to health and longevity. Especially is this true of the young, of whom one-fourth die before it can be said they have commenced to live, and hence, so far as human eye can see, were born to no purpose, leaving the pain, sorrow, labor and expense incident to their birth, life, and death, wholly uncompensated. Of the number who survive the earlier years of infancy, a large per centage die before reaching maturity; another large per centage are cut off in the earlier years of manhood and womanhood. Early death is the rule, and ripe old age the exception. The remedy for all these ills, the sanitarians tell us, lies in improved modes of living—cleaner surroundings, abundance of food, better clothing, and more comfortable dwellings.

Good and commendable as all this is, it does not meet the whole case. In the present day, thousands are living surrounded by sanitary conditions as favorable as can reasonably be looked for. They are well fed, well clothed, and well housed; but are they free from sickness? do they rear their young, and die of old age? All these blessings they have in a fuller degree; but they, too, are sick, lose their children, and die before old age overtakes them. True, the cottage of the poor is, *par excellence*, the home of infantile disease, contagious diseases, consumption, and kindred affections; but the palaces of the rich are by no means exempt. Possessed of all that money can do for them, even they have been unable to solve the problem—how to live out their allotted three score and ten years, to say nothing of the additional years of promise through extra vigor of constitution. Hence we see that outward conditions, however beneficial, are of themselves inadequate to raise the standards of health and longevity to the degree intended by an overruling Providence. It could never have been intended that half the race should perish before reaching years of usefulness, and that but a few of the other half should die of ripe old age. Clearly enough there are elements of destruction other than hunger and dirt at work, and it behooves us to search them out, in order to be able to shun them, and induce others so to do.

In point of fact, these destructive elements are already known, though but little heeded. This neglect arises partly from the delicacy of the subject, and partly from the difficulties in the way of applying a remedy. We should not, however, be deterred from doing our duty by such considerations. Effects are often avoided by a proper knowledge of causes, even where compulsory laws would be inoperative. That the sins of the fathers are visited upon the children, is a truth no less certain in a physical than in a moral sense. "Like begets like" is a truism as applicable to the human family as it is to the herds of the stock-raiser. Robust parents produce, almost infallibly, healthy, vigorous children. We do not look for such results from parents of diseased or enfeebled constitutions. The remedy is obvious. The stock-breeder would say, Weed out all the weaklings, and prevent the mating of all but the perfect in form and development. That would be a sure and scientific remedy, one readily enough applied to dumb brutes, but largely impracticable as regards mankind. That would be a practical working out of Darwin's theory of the survival of the fittest; but man, as a moral, free agent, and king of all the earth, would refuse to come under laws and regulations so much calculated to thwart his passions and inclinations, however much in the interests of the race such laws might be.

How much could be accomplished by restrictive laws is a question for the political economist. Probably such a law would be found oppressive and inoperative. Man's two-fold nature is a barrier to the application of laws restricting his liberty in this behalf. Besides the undesirable unions based on mutual attachment and affinity, many more are the result of social and material considerations. Evidently the springs of action are too numerous, and motive power too strong, ever to be regulated or controlled by statutory laws. Amongst savages such laws are unnecessary; Darwin's theory has full play. The hardships and exposures incident to their mode of life kill off the weak and sickly, so that only the healthy and strong survive. Hence transmitted disease is rarely met with amongst the uncivilized. It is in civilized life, where circumstances favor effeminacy, and where the life of the sickly offspring is preserved by intelligent care and the skill of the physician, that the blighting, painful, and destructive influences of transmitted debility and disease are mostly seen and felt. Strange indeed, and most unfortunate too, that the very conditions which we most covet, and to which we point with most pride, should be freighted with danger to health and life. Paradoxical as this may seem, it is, nevertheless, true. Here extremes meet: In the lower strata, hunger, dirt, and exposure, productive of suffering, disease, and death; and abundance, cleanliness, and comfort, productive of effeminacy and transmitted debility, in the upper strata. A noteworthy illustration of this fact was recently given to the public by the St. Louis Medical Society, some of whose members have a world-wide reputation. That learned body actually had the temerity to discuss, openly and frankly, woman's enjoyment of the sexual function. The consensus of opinion arrived at was, that desire and pleasure were the rare exception; pleasure without desire, more frequent; neither desire nor pleasure, common; while loathing and pain were far from uncommon. Here we have a certain proof of lack of vitality and physical development, as productive of evil as it is contrary to nature. It was ordained that woman should bring forth her young in pain, but to ask her also to conceive in pain is the acme of cruelty. Mothers so constituted cannot be expected to produce a healthy, vigorous offspring. Consider also the conjugal unhappiness resulting from such unnatural physiological conditions. The women of St. Louis are probably a fair type of womanhood in general, on this continent at least; and, if so, civilized life must undergo a reformation before it can be said to favor a high degree of physical development. It is important that medical men should know and consider these matters. Perhaps they cannot do a great deal to mitigate the evils to which we have called attention, but it is to them alone suffering woman can look, and society at large, for counsel and guidance in these difficult and delicate matters. We all can do a little, if we only would, and drop a hint here and a word there, as we pass in and out amongst the people. In this quiet way each can impart information which is certain to bear good and abundant fruit. The medical profession is open to criticism for neglecting to supply popular works treating of these and kindred topics. No kind of information is more eagerly sought after, and none more difficult to obtain. What literature the people have, of this

kind, has been disseminated by quacks, and written with an eye to business more than the imparting of useful knowledge. What is wanted is more light, which is, after all, the surest remedy for all errors, be they physical or moral.

BRITISH MEDICAL ASSOCIATION.

The fifty-third annual meeting of the British Medical Association was held at Cardiff, Wales, July 28th to 31st, under the presidency of Dr. Edwards, of Cardiff. The proceedings were opened by a short address from the retiring President, Dr. Cuming, of Belfast. The report of the Council of the Association was the next order of business. The report recommended the purchase of a site and the erection of a building for the use of the Association, at an estimated cost of $75,000 for the site and $50,000 for the building. This occasioned considerable discussion, but was finally carried, and the Council was authorized to buy or lease a site, and erect a building for printing and publishing the *Journal*, etc.

The President then delivered the annual address, in which he gave a description of Cardiff, its mineral resources and other natural advantages, its sanitary work, etc. He said that the health officer of to-day stands, as did the Hebrew priest of old, between the living and the dead. He next referred to the British Medical Association, which had now come to be a power in the land, socially, politically, and morally. He also alluded to the advances in medical science which had been made during its growth, as, for example, the use of chloroform, ether, iodoform, the bromides, antiseptics, the study of disease-germs, etc.

The address on medicine was delivered by Dr. Samuel Wilks, of London. He claimed that diseases arose from peculiarities of climate, food, race, and surroundings, influenced by heredity. Bacteria and bacilli in pathology were now in the ascendancy, but he believed the fashion would, in s measure, pass away, as Liebig's theory about z notic ferments had done. He ridiculed the idea t at each microbe had its specific pabulum. Dis- e se was often the result of irregularities in de- v opment of organs, and want of harmony in the f ictions of various organs; in illustration of v ich he referred to the curious intermittent or r nittent action of many organs. Dr. Wm. Roberts delivered the address on therapeutics, in which he fully considered the important subject of dietetics, treating first of milk, to which he gave the first place among liquid foods. Next to milk he ranked beef-tea and other meat decoctions and infusions. Beaten-up eggs also received a due share of attention, as being a highly nutritive form of liquid food. He also alluded to the enormous trade which has grown up of late years in "prepared foods," and stated his preference for the several articles of food in their simple state, with which a skilful nurse could prepare what was necessary for the patient if provided with proper cooking utensils and materials for preparing peptonized articles of food.

The address on surgery was delivered by Dr. E. H. Bennett, of Dublin, on "Injuries of the Skeleton," and the best method of studying fractures. This, he claimed, was accomplished, not by dissecting cadavers or experimenting on animals, but by studying many cases of the same kind. He had studied one hundred cases of Colles' fracture, and found no less than forty-eight cases of impaction. According to this statement, we must be prepared to meet these two conditions in nearly equal numbers. In Pott's fracture, he found a number of specimens in which the fibula was broken in the upper third instead of the lower. Where the symptoms resemble a sprain of the ankle, the fracture of the fibula may be overlooked. He cited a number of fractures in different parts of the body in support of his views regarding the study of fractures.

In the section on obstetrics, the address was delivered by Dr. Henry Gervis, London, upon the subject of "Death-rates from childbirth and cancer, and the value of antisepsis in midwifery." The decline in the general death-rate was first touched upon, and then the decline in death from childbirth, which he expected would continue. He warmly advocated the early and judicious use of the forceps, great care in the prevention of hemmorrhage, and the use of antiseptics both before and after labor. He advised careful examination of the parts after labor, and the stitching up of lacerations. Corrosive sublimate or boracic acid solutions he considered preferable to carbolic acid. He hoped much good would arise out of the series of seven questions proposed by the collective investigation committee on the subject of puerperal

fever. In regard to cancer of the uterus, he approved of early operative interference whenever practicable, and had hopes that much good would be accomplished. While admitting the influence of heredity, he believed in the local origin of cancer.

The papers in the sections were of great interest, and the discussions very profitable. The social side of the meeting was also well sustained.

NEW METHOD OF TESTING WATER.

As is well known, all methods of testing the sanitary qualities of water have hitherto been very imperfect. The chemist has been able to determine the presence of mineral substances and gases, and to trace the existence of organic impurities; but the biological condition of the water was unknown to him, and he was, therefore, unable to say whether it was fit for sanitary purposes, or not. Through the labors of Koch, a new method has been introduced, which is called the biological test. This method has been satisfactorily tested by Dr. Percy Frankland, of London, England, (LANCET, Sept. 26) in his recent study of filtering and precipitating agents, and has met with great favor. A complete account of the process, by Prof. Warden, of the Calcutta Medical College, has been published in the *Chemical News*, and reprinted in pamphlet form. The test consists essentially in mixing a known volume of water with "sterilized liquid meat peptone gelatin," counting, after a definite period, the colonies of micro-organisms which develop, observing the extent to which they liquefy the gelatin, and, if necessary, cultivating them in various ways. The utmost possible care is, of course, necessary in these operations, and special apparatus is required. The paper gives full directions and illustrative drawings; and the importance of the system is well illustrated by Prof. Warden, when he reminds us that a drop of a cholera stool added to a liter of pure sterilized water, could not be detected by chemical analysis, whereas the bacteriological examination would "with absolute certainty demonstrate the presence of a comma-shaped micro organism, while subsequent cultivation would indicate whether the organism was the cholera bacillus or not."

The scientific and practical value of this new method cannot be over-estimated. The testing of the sanitary purity of water will become a matter of certainty, instead of a hap-hazard approximation of the truth, as was formerly the case. It will open up a new and interesting field for the expert micro biologist, as it can only be undertaken by one who has had experience in the study of bacteriology.

STRYCHNIA IN DIPHTHERITIC PARALYSIS.—In the *Deutsche Medische Wochenschrift* for May, Dr. Reinhard, of Bautzen, relates the case of a boy boy aged three years, who after an attack of diphtheria, suffered from symptoms of paralysis in the muscles of the palate and various parts of the body, his gait being uncertain and staggering. Tonic treatment, including iron, was of no avail, and twelve days later the symptoms had advanced so far that death seemed imminent from paralysis of the respiratory muscles. Internal remedies were useless, as the power of swallowing was lost; recourse was therefore had to the subcutaneous injection of sulphate of strychnia, 1 milligramme (0.015 grain) daily. The next day the breathing was quieter and the muscles were less flaccid, and only fifteen doses were required to establish convalescence on a firm basis. No unpleasant symptoms were set up by the strychnia. Dr. Reinhard mentions this case, not as anything new, but as bringing an old remedy to the remembrance of his fellow-practitioners.

BATHS FOR RHEUMATISM.—Turkish baths are now largely prescribed in New York for those forms of rheumatism resulting in deformity of the joints. The baths are ordered twice a week. Several ladies who have passed through the alkaline treatment, find that these baths afford them great relief. The medicine which seems to give the most satisfaction is liquor ammonia, in twenty-drop doses, three times a day, in a half tumbler of cold water. The bicarbonates of potassa and soda are objectionable, because they are liable to produce a skin disease resembling herpes.

A NEW THERMOMETER.—A new fever thermometer has been invented by Immisch Bros., of London, Eng. It has the appearance of a lady's small silver watch, with one hand moving over the dial, which is graduated according to Fahrenheit's scale. Owing to its small size it may readily be placed in the axilla, and takes but 3½ minutes to reach its maximum temperature. It is absolutely

water-tight, and is therefore not affected by dampness. There is also no danger of breaking, even should it fall upon the floor.

KOUMISS IN CONSUMPTION.—In an article in the *Medical Bulletin* on the use of Koumiss in the treatment of consumption, Dr. Clifford Dock says that after two months' trial in one of his patients the results were most gratifying. The nausea which had been troublesome was entirely removed, and all ordinary articles of food were taken with impunity. The dyspnœa was greatly relieved except on vigorous exertion. The affected lung was greatly improved, and the general health bid fair to carry the patient many years into the future. This remedy can be obtained from W. S. Robinson, Druggist, 732 Yonge Street, or R. R. Martin, 171 Yonge Street, Toronto. Samples sent on application.

PARALDEHYDE AS A HYPNOTIC. — This new remedy bids fair to supplant chloral hydrate as a hypnotic in certain cases.

The drug may be administered as follows :

℞.—Paraldehydis..... ʒ j
Pul. Tragacanth, Co..... grs. xx
Syr. Aurantii.....
Spts. Chloroformis..... ♏ xv
Aquæ.....ad ʒ iij—M

Sig.—The whole to be taken at one dose at bedtime.

ANTIDOTE BAG.—Dr. Murrell advises that every physician should keep an antidote bag, which should contain every drug and instrument needed in ordinary cases of poisoning. It should always be kept filled and ready for use ; so that, in case of emergency, the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when a life may depend upon a minute.

ENUCLEATION OF DISEASED GLOBES. —Dr. Noyes, New York, in a discussion on a paper read by Jonathan Hutchinson at the meeting of the Ophthalmological Society, London, Eng., said that after twenty-five years' experience with enucleation he had come to the conclusion that indiscriminate removal of diseased eyes for the purpose of preventing sympathetic ophthalmia was a doubtful practice. Of late years he had not so largely advised enucleation, and in so doing he believes he has saved many eyes. We agree with Dr. Noyes, and hold that an inoffensive globe should not be removed simply because it useless.

TREATMENT OF GONORRHŒA.—Gonorrhœa may be successfully treated with the following injection :

℞ Zinci sulph. . . . grs. xxv ;
Bismuth subnit. . . ʒ iss ;
Ext. belladonnæ, . . grs. xx ;
Aquæ, ... ʒ viii.

M.—SIG. Inject one or two teaspoonfuls four or five times a day, and just before retiring.

We have found this more generally useful than any other injection we have ever employed.

MODERN SURGERY.—We desire to call attention to an article in another column, from the pen of Dr. Stephen Smith, of New York (*Med. Record*), on the comparative results of operations in Belle vue Hospital. The article is worthy of a careful and attentive perusal, indicating as it does the line of advance in modern surgery in one of the leading hospitals in America.

REMOVAL.—Dr. J. M. Cochrane, who has held the position of Medical Superintendent of the Hamilton Hospital, has removed to this city to commence practice. He carries with him the best wishes of the Hospital trustees and many friends in Hamilton, and we heartily welcome him to our midst.

CORONER.—Robert Mark, M.D., of Ottawa, has been appointed Coroner for the County of Carleton ; Chas. P. Pitcher, M.D., of Jerseyville, Ont., for the County of Wentworth ; W. H. Hamilton, M.D., of Port Arthur, for the District of Thunder Bay ; and J. M. Hutchinson, of Brussels, for the County of Huron.

APPOINTMENTS.—Dr. R. M. Fairchild, of Brantford, has been appointed Assistant Physician to the London Asylum ; Dr. T. W. Reynolds, of Hamilton, Assistant Physician to the Hamilton Asylum ; and Dr. J. Simpson, of Bowmanville, to a similar position in the Rockwood Asylum, Kingston.

In speaking of premature menopause, Dr. T Gaillard Thomas said : " When called upon to express an opinion in the early part of a supposed

pregnancy, you should always say that up to the end of the third month no one can decide the matter by even the most careful examination."

The death of Dr. J. L. Atlee, of Lancaster, Pa., brother of W. L. Atlee, M D., of Philadelphia, is announced in our American exchanges.

Books and Pamphlets.

POISONS, THEIR EFFECTS AND DETECTION, by Alexander Wynter Blyth, M.R.C.S., F.C.S., etc. 2 volumes. W. Wood & Co.

"And if a man did need a poison now," surely these two volumes might supply him with a very comprehensive catalogue of all sorts, from both the organic and the inorganic world, and in this age of wondrous discoveries, murderous inventions and lightning speed, it behooves every person to press to the front, and possess himself of the very latest intelligence from the great battle-field of science, and get hold of good books before they pass, as their predecessors have done, into the dark vale of the forgotten. Uncle Toby said that nothing was made to last forever. It must be a paragon of a good book on any branch of medical knowledge, that will not die out in ten years, otherwise how could the infinitude of new ones find either buyers or readers, to say nothing of shelf room or dimmed eyesight. Still we hope that this work of Wynter Blyth will have sufficient vitality to elongate its existence over a dozen winters, and when it ceases to present the blythe aspect of youth, we would trust that its author will continue able to write with vigor, and to bring it into harmony with the requirements of advancing science, of which he has certainly been an assiduous cultivator. The paper and typography of these volumes are both very creditable, and well entitle the publishers to the grateful respect of the profession.

THE BLOT UPON THE BRAIN: Studies in History and Psychology. By Wm. W. Ireland, M.D., Edin., formerly of H.M. Indian Army, Corresponding Member of the Psychiatric Society of St. Petersburg, and of the New York Medico-Legal Society; member of the Medico-Psychological Association. Edinburgh: Bell & Bradfute. Toronto: Williamson & Co.

This excellent work, by Dr. Ireland, of Prestonpans, Scotland, will be read with delight not only by psychologists, but also by those not directly interested in the subject. Technical terms have been avoided as far as a clear understanding of the subjects under discussion would allow. A careful study of diseased brain function has enabled the author to give explanations of some important events in history. The work deals with the hallucinations of Mohammed, Luther, Swedenborg, and Joan of Arc; the insanity of power, as exemplified in the Claudian-Julian family, Marcus Aurelius, etc.; the hereditary neurosis of the family of Spain; unconscious cerebration; the relation of words to thought; dual functions of the double brain; and many other equally important subjects. The book is written in a popular style, and yet deals with abstruse subjects of absorbing interest. Many of the papers have already appeared in the *Journal of Mental Science* and in *Brain*. The author acknowledges advice and assistance from Dr. Clouston, of Edinburgh, Dr. Grierson, Prof. Turner, and others, in the preparation of the work.

> "'Tis the blot upon the brain
> That *will* show itself without."
> TENNYSON.

A COMPLETE PRONOUNCING MEDICAL DICTIONARY, embracing the terminology of medicine and kindred sciences, with their signification, etymology, and pronunciation; with an Appendix, comprising the Latin terms and phrases occurring in medical works, etc. By Joseph Thomas, M.D., LL.D. Philadelphia: J. B. Lippincott & Co. Toronto: Williamson & Co.

Thomas' Dictionary really fills a long felt want, viz., that of a thoroughly reliable pronouncing vocabulary of the terms used in medicine and kindred sciences. The etymology of the various terms used in medicine has received special attention, the importance of which can scarcely be over-estimated. Another special feature of the work is the giving of a literal translation of the various Latin phrases occurring in the Dictionary. The work has been prepared with great care, thoroughness and accuracy, and cannot fail to be appreciated by all intelligent readers. We bespeak for the work the most favorable consideration at the hands of the profession, and unreservedly give it our highest commendation. It is printed on good paper, in clear type, and bound both in cloth and sheep. Price $5; in sheep, $6.

THE PRINCIPLES AND PRACTICE OF SURGERY, by John Ashhurst, jr., M.D., Prof. of Clinical Surgery in the University of Pennsylvania, etc. Fourth edition enlarged and revised, with 597 illustrations. Philadelphia; Lea Bros. & Co., 1885. Toronto: Williamson & Co.

The above work furnishes in a concise manner a condensed but comprehensive description of the treatment of surgical affections and the principles upon which it is based. No pains have been spared in the present revision of this most excellent work to render it worthy of the continued favor and support of the profession. The general arrangement of the volume is the same as in previous editions, but there has been a slight increase of new material which has necessitated the addition of upwards of fifty pages. The series of illustrations have been improved by the introduction of a large number of original wood-cuts. The work is, upon the whole, a faithful and complete representation of the advanced condition of modern surgery, and is especially to be commended to the attention of students and general practitioners.

THE SCIENCE AND ART OF MIDWIFERY, by W. T. Lusk, A.M., M.D., Prof. of Obstetrics and Diseases of Women and Children, in the Bellevue Hospital Medical College, etc. New edition revised and enlarged, with numerous illustrations. New York: D. Appleton & Co., 1885. Toronto: Hart & Co.

The new edition of this excellent work is just to hand, and is cordially welcomed. We do no injustice to any other author when we say that Lusk's Midwifery is surpassed by no other work of the kind in the English language. Great care has been exercised in its revision, and the work is fully abreast of the most advanced views on this important subject. We commend the work to the attention of our readers.

INSOMNIA AND OTHER DISORDERS OF SLEEP, by Henry M. Lyman, A.M., M.D. Chicago: Keener & Co. Toronto: Williamson & Co.

The above is a well printed minor octavo, on ood paper, containing 237 pages. The author as probably had in view general popular instruc- n, rather than that of the medical profession. [e has therefore very appropriately treated his ubject in a manner sufficiently plain and untech- cal to render the work acceptable and useful to e laity. The chapters on dreams, clairvoyance, somnambulism and hypnotism, are very interesting, and by the lovers of the marvellous some parts of them will be read with unusual interest.

BURR'S MEDICAL INDEX, adapted to the use of Physicians, for the annotation of particular references to matters found in Text-books, Medical Journals, &c. The Burr Index Co., Hartford, Conn.

This will be found a most useful auxiliary to the library of every physician by enabling him to make notes for future reference in the course of his reading. It is conveniently arranged with thumb holes cut in the edges of the leaves, arranged with a projecting alphabet printed in gold letters on Morocco leather. It is scientifically and specially arranged for the needs of the physician and surgeon. All words entered are indexed by the first two letters. We heartily commend the work.

FOWNE'S MANUAL OF CHEMISTRY, Theoretical and Practical. A new American, from the twelfth English edition, embodying Watts' "Physical and Inorganic Chemistry." With one hundred and sixty-eight illustrations. Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

Fowne's Chemistry is too well known to require any special notice at our hands. It has been for years the standard work on chemistry in all our medical schools and colleges. The present edition has been prepared with great care and is worthy of continued favor. We welcome it to our library, and commend it to the attention of our readers.

RENAL AND URINARY AFFECTIONS, by W. Howship Dickinson, M.D., Cantab, F.R.C.P.

This is the August issue of the enterprising house of W. Wood & Co. It is both comprehensive and minute, and it cannot fail to be highly appreciated by every member of the profession, who desires to be well instructed on the numerous morbid conditions of the whole urinary system. The illustrative plates are presented in a better style of art than heretofore.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. ARMY. Vol. vi. Heastie—Insfeldt. Washington, 1885.

Great credit is due Dr. Billings in carrying out so satisfactorily this great enterprise. It is without parallel in the history of catalogues. There

are already six immense volumes, and yet the letter I is only reached in the category.

ELEMENTS OF MODERN MEDICINE. For the Use of Students and Practitioners of Medicine; by R. F. Stone, M.D., Prof. of Materia Medica and Clinical Medicine, College of Physicians and Surgeons, Indianapolis, Ind. New York: D. Appleton & Co.

This is an abridged work in pocket-book form, presenting the more advanced views of leading authorities, with reference to general pathology and therapeutics. Under general pathology are included articles on the origin, nature, and duration of disease, chief symptoms, diagnosis, prognosis, and treatment. In the second part will be found what is regarded by the author as an improved classification of drugs, followed by articles on their physiological action, indications, and methods of use. The work contains a fund of useful information culled from the best authorities in the old and new world.

A HANDBOOK OF OPHTHALMIC SCIENCE AND PRACTICE, by H. E. Juler, F.R.C S., of St. Mary's Hospital, London, etc., with one hundred and twenty-five illustrations. Philadelphia: Lea Bros. & Co. Toronto: Hart & Co.

This work has been favorably received both at home and abroad. Some valuable additions have been made by Dr. Charles A. Oliver, of Philadelphia; for example: the description of a new astigmatic disk, and its use; the effectiveness of different mydriatics, etc. The test-types of both Jaeger and Snellen will be found at the end of the volume. The work will be found a reliable and useful guide in this branch of medical science.

THE YEAR-BOOK OF TREATMENT FOR 1884. A Critical Review for Practitioners of Medicine and Surgery, by various contributors. Philadelphia: Lea Bros. & Co. Toronto: Hart & Co.

In the preparation of this work the medical literature of all countries has been placed under contribution, and care has been taken to include such recent pathological and clinical work as bears directly upon treatment. It contains not only a complete account of all the more important advances in the treatment of disease, but also a critical review of the same by competent authorities.

A TREATISE ON PRACTICAL CHEMISTRY AND QUALITATIVE INORGANIC ANALYSIS, FOR THE USE OF LABORATORIES AND SCHOOLS, by F. Clowes, D. Sc., Lond., Prof. Chemistry, University College, Nottingham. Third American, from the fourth English edition. Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

The work before us is divided into seven sections. 1. The preparation and use of apparatus. 2. Preparation and properties of gases and liquids. 3 and 4. Analytical operations and reactions. 5. Analysis of simple substances. 6. Full analytical course and tables. 7. Laboratory fittings, apparatus, chemicals and reagents. It will be found a systematic, intelligible, and fully-equipped laboratory guide for students in practical chemistry.

AIDS TO THE ANALYSIS OF FOOD AND DRUGS, by H. Aubrey Husband, M.B.C.M. F.R.C.S.,, Eng., author of "Students Handbook of Forensic Medicine and Medical Police," etc., etc. London: Balliere, Tindall & Cox. New York: Putman & Sons.

The object of the work is to place in the hands of medical practitioners, medical health officers, and medical students, short, concise, and reliable processes for the detection of the commoner adulterations in foods and drugs. A list of the apparatus required is given, also the preparations of the standard solutions used and the method of testing their accuracy. The work will be found very convenient and serviceable.

APPLIED MEDICAL CHEMISTRY; a Manual for Students and Practitioners of Medicine, by Lawrence Wolff, M.D., Demonstrator of Chemistry, Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co. Toronto: Willing & Co.

The arrangement of the volume has been made in accordance with the author's system of demonstration. 1. Apparatus and Manipulations; 2. Chemistry of Poisons; 3. Physiological Chemistry; 4. Excretions and Concretions; 5. Sanitary Chemistry. The latest forms and processes, as well as their modifications, have been given wherever advisable.

THE PEDIGREE OF DISEASE; being six Lectures on Temperaments, Idiosyncrasy, and Diathesis, delivered in the Royal College of Surgeons, Eng., by Jonathan Hutchinson, F.R.S. New York: Wm. Wood & Co.

Births, Marriages and Deaths.

On the 20th ult., Calvin McQuesten, M.D., of Hamilton, Ont., in the 85th year of his age.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, DEC., 1885. No. 4.

Original Communications.

THE EPIDEMIC ZYMOTIC DISEASES OF ANIMALS AND HOW THEY ARE COMMUNICATED TO MAN.*

BY J. A. GRANT, M.D., F.R.C.P., LONDON,

President Medico-Chirurgical Society, Ottawa; Consulting Physician General Hospital, and County Carleton Protestant Hospital.

GENTLEMEN,—With your kind permission, I will digress from the usual path in delivering an annual address on the progress of medical science, and confine the few observations I have now to offer to "The Epidemic Zymotic Diseases of Animals, and How they are Communicated to Man." For many years, while directing some little attention to Natural History, I have noted points in pathological anatomy closely allied with the diseased manifestations in the "genus homo," and being a wide field for the practical exercise of pathological research, I felt confident such would not be uninteresting to the members of our Society. The subject is one of vast importance to our common country, inasmuch as it involves millions, in our live stock, irrespective of its scientific aspect. Endemic and epidemic diseases are not alone confined to the human species, but extend alike to animals, and the manifestations are doubtless of peculiar interest. The analogy is so close, that they are designated by the same names. Several are propagated in the human organism, and many present pathological information of great importance. The late Dr. Farr, of England, specified these as diseases which distinguish one country from another, and whose occurrence form epochs in chronology. The exact cause of these diseases, although not positively known, is supposed in the animal organisms to act like a ferment, hence the term "Zymotic." According to the most recent enquiries the generation of "organic germs," originate in the individual, or by fermentation in the diseased excretions of the organism, and thus transmitted through various media from body to body, at sensible and insensible distances.

It is a well recognized fact that the death rate, in almost every country, from such sources of disease, is very considerable. The result of literally packing animals together, which can doubtless be scarcely avoided, as in the trains of our various railroads, cannot escape the attention of the most ordinary observer. The atmospheric signal is perfect in its way. Thus infection rapidly spreads, where diseased germs exist, and the consequences are frequently most serious. According to Prof. Law, since 1842, England has lost over 450 millions of dollars through the contagion of cattle imported from the Continent. The stamping out process by slaughtering all the diseased cattle, and thorough disinfection afterwards, and the exclusion of all diseased animals from the country, has been productive of the best results. Diseased germs are doubtless the very foundation of the diseases of animals, and the early recognition of incipient development is of vast importance. Diseases in animals are divided into two classes: the *Exotic* or *uncommon*, and the *indigenous* or *common*. Of the first class, we have *small pox in sheep and birds*, Pleuropneumonia of cattle, Rinderpest, Malignant diseases of the generative organs of the horse kind, Malignant cholera of animals, Apthous fever, known as foot and mouth disease. Of the second class, or indigenous diseases, belong Glanders, Rabies, Contagious foot rot, Tuberculosis, Malignant asthma, Hog cholera, or intestinal fever of swine, Influenza, Strangles, Canine distemper, and Horse pox, seen in the cow, goat, and pig. In each of these diseases there is a zymotic influence at work, precisely as in the development of disease in our own species. Hippocrates, in his time, enunciated clearly the influence of impurity in air, soil or water, as factors in the development of disease zymotic in character. The impurity of soil has much to do with the production of disease, in both milk and meat, thus influencing the human family and spreading the germs of disease of a most serious character. The death rate in man and animal, from foul stock yards, and filthy alleys in towns

* Annual Address read before the Medico-Chirurgical Society, Ottawa.

and cities, is much greater than the public are aware of. Disease may remain endemic, or spread by animal transportation, hence the vast importance of street cleanliness and quarantine measures, so as, if possible, to *stamp out* individual cases. The chief epidemic which has occasionally influenced Canadian cattle trade is pleuro-pneumonia, and the rapidity with which such has been checked, through isolation and disinfection, is creditable to the agricultural departments in the Local and General Governments. Until recently there has been greater attention bestowed upon the arrest of disease in animals than man, as far as Governments were concerned. Happily now, however, matters are undergoing a change, and sanitary legislation is attracting a greater degree of attention from the powers that be.

"The Contagious Pneumonia of Cattle" has been noted several times in Canada, although not to any great extent. It has on several occasions been introduced into the United States, by the importation of foreign stock. In order to avoid any such dissemination of disease, a most careful system of quarantine is now adopted by the Canadian authorities. The period of latency of the poison of pleuropneumonia in the system, is from two to six weeks, at which time it is developed with all the well-defined symptoms of pneumonia. The death rate averages between 50 and 60 per cent. In this disease the poison is exceedingly subtle, virulent and most readily communicated. I have more than once noted epidemic pneumonia in the inhabitants of this district, most rapid in character, and arrested with considerable difficulty. Treatment in either case can only be undertaken with thorough seclusion and disinfection. The early recognition of this disease is important, in order that animals thus affected should not be slaughtered for sale.

Rinderpest, or Russian Cattle Plague, is a most contagious disease amongst animals of the same species. Its chief characteristic is the manner in which the mucous membranes assume a congested state, involving also the lining membrane of the stomach and bowels, associated with a high temperature and extensive desquamation of both skin and mucous membrane. So far, little indeed is known of this disease in Canada, the protection against which is strict quarantine and destruction of the infected animals

Foot and mouth disease, or *Apthous Fever*, is a species of contagious eruptive disease, confined chiefly to cloven-footed animals, and has been known to extend to man. This disease is usually ushered in by a rise in temperature and a general feeling of discomfort, and within a day or two, is followed by large blisters on the mucous membrane of the mouth, tongue, fauces, udders, and the parts in and about the clefts of the hoofs. It has been known to follow armies, and is said to be exceedingly communicable. The contagious disease is spread much more by contact than by the atmosphere. Milk from such diseased animals is often carried to individuals, the infant most frequently coming in for its share of the diseased influence. Soreness and otherwise unaccountable lameness in cattle, is a most significant indication, when associated with an apthous state of either the tongue or fauces. Thorough disinfection is here also necessary, and ablution with carbolic acid lotion, with isolation for 10 or 15 days after the disappearance of the disease.

A case is recently recorded in a German veterinary journal, where a veterinary surgeon contracted foot and mouth disease from a pocket-handkerchief he had used while examining beasts suffering from this disease. The next day he was seized with a violent headache and pains in his limbs, high fever and a feeling of irritation in the hands and feet. On the third day the fever subsided, and there appeared an eruption of an apthous character on the tongue, lips, mouth, and edge of the nose. After eight days the various symptoms subsided without any serious consequences.

Epizoo, or epizooty, otherwise known as influenza or horse epidemic, has prevailed to a considerable extent on both sides of the Atlantic, extending at the same time to both man and beast. In 1881 quite a severe epidemic of that character was experienced in various parts of Canada, and many fine animals fell victims to the subsequent pneumonic action which frequently followed. Such epidemics are not of frequent occurrence. The exact cause, although attributed to atmospheric, electrical and other agencies, is still a matter of considerable doubt. So far the two freest portions of Canada from this disease, and chiefly owing to their sequestered character, are Prince Edward Island and Vancouver Island. Absolute quarantine, across large bodies of water,

is said to be one of the best means of preventing the spread of this disease.

Intestinal Fever of Swine, misnamed *Hog Cholera*, is a disease which, to a moderate extent, has visited this neighborhood during the present season, and several fine animals have fallen victims to its influence. According to Prof. Law, "this disease is attended by congestion, exudation, blood extravasations in the mucous membrane of the stomach and bowels, by general heat, and redness of the surface, and by the appearance on the skin of spots and patches of a scarlet, purple or black color. The animals had not been dead over ten or twelve hours when the whole mucous and muscular coats of the large intestines became black, and easily lacerated from incipient mortification." The chief cause of this disease, is supposed to be *swill stuff* of breweries and distilleries fed to these animals, crowded together in a confined space, and an exceedingly impure atmosphere. It is said to be infectious, and spreads rapidly from animal to animal. Much good could be accomplished by the most thorough investigation of this disease.

Pork, in its various forms, as an article of diet, is in very general use, thus the diseases of the hog play an important part in relation to public health. Parasites, although not zymotic in character, infest the flesh of this animal, are exceedingly important, inasmuch as they frequently produce very serious disturbances of the system. The parasites are the Trichina Spiralis, the Cysticercus Cellulosæ, and the Echinococcus. Very few cases of Trichinosis have, so far, been noted in the Dominion, and up to the present, they only number sixteen. We are more fortunate than in Germany, where epidemics from this cause are of frequent occurrence, chiefly owing to some forms of sausages largely used by the masses in a partially cooked condition. Trichinæ, as a rule. are killed by perfect cooking, the safest plan by far, when this form of meat is used. Measly pork contains the immature form of one of *the tapeworms of man*, which originates in the parasite known as the *Cysticercus Cellulosæ*. This condition of pork is frequently seen in our markets, but it is not as serious in its consequences as trichina. The two most frequent forms of tapeworm in Canada, are the Tænia Solium and Tænia Saginata - the former from measly pork, and the latter from measly veal or beef. Tapeworm from beef is generally the result of partial cooking, just as in the case of pork. Raw material in either instance favors the life of the parasite, and hence the subsequent trouble.

The appearance of Echinococcus disease in man is, according to present records, exceedingly rare in Canada, as up to the present time only 8 or 10 cases are known. The liver with these cysts is unfit for food; not, however, the flesh, from which they may be removed when not numerous, and the carcass be still fit for use as food.

Glanders, or Farcy, requires more than a passing notice from its importance, and the fact of its fatality when communicated to man from the horse, marking *its contagious febrile character*. Its chief specific peculiarities are inflammatory lesions of the *nasal* and *respiratory* mucous membranes, lymphatic vessels and glands, marked constitutional depression, and frequently accompanied with a pustular cutaneous eruption. Glanders and Farcy are really one and the same disease, the affection of the respiratory mucous membrane is followed by implication of the lymphatics. Glanders in man is very rare. Last July a case was recorded in the Montreal general hospital, under Dr. Geo. Ross, which was well defined, and terminated fatally. So far we have no positive case originating in man, and it is always communicated by direct inoculation of virus from the diseased animal. It is somewhat common with horses, and is known to spread rapidly, and, by some, it is maintained that it possesses "a volatile infecting principle," the period of incubation varying from three to eight days, and sometimes even to three weeks. The longer the incubation, the less acute the disease, as a rule. Its symptoms, as a whole, frequently simulate acute rheumatism. Some cases have ended fatally in one week, but, in the usual acute form, the average duration is about sixteen days, but, occasionally it will be protracted for several weeks, and even months, under which circumstances the prospect of recovery is favorable. The wound through which the poison is admitted becomes inflamed, tense, painful, and usually has an erysipelatous circumference. The ulcer enlarges, presents a chancroid aspect, discharging sanious, offensive matter, and the lymphatic vessels around present a knotted, cord-like, irregularly, nodulated condition, known in man as the *farcy buds*. According to Virchow, resolution and absorption occasionally take place,

but more frequently deep seated abscesses form, and constitutional symptoms, indicating a low type. Within the first or second day of this disease (and sometimes longer) scattered collections of red spots appear on the skin, small, and resembling flea bites, subsequently they become papular, and elevated above the skin like small shot, and assume a yellow color. They are considered as due to the deposit of some neoplastic material, which gradually softens and becomes disintegrated. They subsequently become vesicular, or sero-purulent with inflamed bases. Otherwise, various modifications of character have been noted, of minor importance. The mucous membranes, particularly that of the nose, become affected, and, in fact, subject to specific inflammation and ulceration. Both in man and horse, the disease is supposed to originate by the application of the virus to the nose mucous membrane. The disease is liable to extend to the bronchial and pulmonary tissues generally. Rheumatism, typhoid fever, pyæmia, syphilis, and tuberculosis have all been mistaken for glanders. Thorough disinfection--isolation—destruction of stalls and harness, are all necessary to arrest the disease. So far, recorded cases point out that recoveries from this malady are rare, particularly in the acute form. The preeminently debilitating character of this disease indicates a stimulating, soothing, and supporting treatment. Inhalation of iodine and carbolic acid are strongly recommended, and thorough syringing of the nose with Condy's fluid, (solution) carbolic acid lotion, or iodised water, all of which have been found productive of beneficial results.

Dr. Kitt, of Berlin, has recently examined the material taken from a "farcy bud" after the hair had been carefully shaved off, and the skin thoroughly washed with mercuric chloride. The contents of the bud brought in contact with blood serum, and on the 3rd or 4th day, isolated yellow points appeared, which soon increased in size, that on examination and most careful experiment, proved to be true glanders bacilli. These bacilli are somewhat smaller than those of tuberculosis, but are a little thicker and color easily in methyl-violet. Rabbits, inoculated with pure cultivations of these bacilli, produced, beyond a doubt, nasal and pulmonary glanders, demonstrated by subsequent microscopical examination.

There are various other forms of diseases which attack man and beast much in the same manner, such as cerebro-spinal meningitis, known as blind staggers, anthrax, and tuberculosis. As time, however, will not admit of particulars on these various subjects, I shall now offer a few notes on tuberculosis, as this disease is one attracting very great interest. Dr. Bell, the able editor of the *Sanitarian* (N. Y.) 1877, August, published an article on "Tuberculosis in milch cows, and the Contagiousness of Tuberculosis by the Digestive Organs." He states, that according to various experiments performed in Germany and other parts, tuberculosis may be induced in various domestic animals by feeding them with tubercular matter, with flesh of tuberculous animals, and even with the milk of tuberculous cows, and he concludes by the very cogent question: may not the like effects result from the use of such food in the human species? Through the kindness of an offal contractor in Brooklyn, he made various post mortem examinations of cows, and in several instances demonstrated beyond a doubt, the existance of tuberculosis of the lungs in these animals. He states that the milk of cows affected with that disease is likely to induce tuberculosis in the child, and usually commencing as intestinal catarrh.

The recent observations of Mr. Heard, M. R. C. V. S., of New Port, demonstrate that the bacillus tuberculosis of man is the same as the bacillus tuberculosis of bovines. The cultivated tuberculosis of man, when introduced into cattle by inoculation, results in tuberculosis.

Milk from tuberculous animals does not contain the bacillus tuberculosis, and cannot produce the disease unless the udder itself is the seat of tuberculosis, which is frequently the case. There are many recorded cases which prove that tuberculosis is a very infectious disease, transmissible from man to man and from animals to man. Fully one-seventh of the human family death rate, is from tuberculosis, hence the vast importance of the most careful enquiry as to all circumstances connected with the development of this disease.

Typhoid fever is well known to be promoted by impure milk, as in the epidemic pointed out by Dr. Ballard, of Islington, The subject is one deserving of every consideration, and in the hands of the physician, much good may be accomplished by actively directed endeavors, and much practical benefit will doubtless spring from the wide-spread thoughtfulness now to be observed in various parts

of the Dominion, as to the necessity and value of hygienic measures. According to Dr. Bowditch, there are more than "two hundred thousand human beings slaughtered annually in the United States by preventable diseases. May we not ask what is the death rate from such in Canada? The climate of Canada is certainly conducive to health, still there is ample room for the exercise of sanitary measures in order to stamp out such epidemics as greatly increase the death rate, and bring ruin to once flourishing commercial interests.

As to diseases in animals, the members of our profession hold great power in their own hands. We have observed how disease may spread from the lower species to the human family, and engender trouble and suffering, much of which, through careful observation and moderate direction, might be obviated. The English and French schools of the past, as well as the present, have worked nobly with a benevolent and philanthropic object in view, giving such light to science and the world as the people of our age enjoy. What illustrious names have we in John Hunter, Jenner, Bichat, Corvisart, Audral, Louis, Pasteur, Koch, and Sanderson, whose labors in comparative pathology have formed the very basis of modern thought, in both physiology and morbid anatomy. Buckle says, that "'between Bichat and Aristotle 'I know no middle man.'" As for Hunter, like the meteoric light, his intellectual power flashed as the product of his century, and he certainly possessed a rare genius which could not fail to impress the age in which he flourished.

From the various facts coming under our observation as to the spread of disease, does it not appear reasonable there should be some degree of inspection as to both milk and meat, by the proper sanitary authorities, in order to guard more thoroughly the public interest. In Germany such is most rigidly carried into operation, and no meat is offered for sale until first reported upon in the *abattoir* by the scientific pathologist, and thus a od work is accomplished.

In conclusion let me say, I hold it to be the duty every member of the profession in our city to nnect himself with our society, to attend its etings as often as practicable, and to contribute ch year a few facts, at least, to our transactions. us our profession affords ample scope for the ex- se of individuality. No one man knows all minds, and delicate shadings of disease, which may escape one individual, may be grasped by another, and thus we are enabled to reciprocate nature's power, and place on record the daily observations of lifes duty. Practitioners in rural districts, contrasting their opportunities with the larger sphere of hospital city work, may erroneously conclude that no new discovery can possibly be made in such a line of thought and practice. A single fact, however humble, is a valuable contribution to science, and such may as well be observed in country as city. What a blessing it would be if some rural practitioner could possibly define the exact cause of diphtheritic epidemics of recent origin at Chelsea, Ironsides, and Montebello. Pure air, fresh water, and nourishing diet in abundance, and yet this dire disease and its marked fatality. The death rate in the Gatineau country within the past few years from this disease, has certainly been very great.

There are difficulties to contend against in our profession, not greater, however, than in the performance of any work, worthy of our very best efforts. Our number in this city is not great, and there is an earnestness of work of a most commendable character. A few still remain in a measure outside our medical gatherings, the loss being truly theirs. The sympathetic power which unites us, assists in the development of intellectual activity and vigor. Years are rapidly passing on, and the connecting link will sever. We have the pleasing gratification of knowing that our efforts have not been altogether unsuccessful. Genius will raise one man in a million above his fellows. But, after all, "genius is an infinite capacity for taking pains."

Whatever the advantages may be, whether at the rural fireside or the city hospital, there are rare opportunities of doing good. Let the work be carefully and conscientiously performed, with painstaking application, and, rely upon it, the reward will come. Thanking you in an especial manner for my reappointment to the presidency of the society for the coming year, let me invite your hearty co-operation in the noble work placed in our hands.

A retailer of methylated spirits, in Glasgow, has been fined 20*l.* for each offence, having sold half-a-gill of methylated spirits as a beverage, to two persons on the 9th of August last.

WARBURG'S TINCTURE IN CANADIAN PRACTICE.*

BY J. H. DUNCAN, M.D., ETC., THAMESVILLE, ONT.

MR. PRESIDENT,—In an address lately delivered by Dr. Henry Howard, of Montreal, the following words occur: "True physical science when applied to the treatment of disease, consists in recognizing the fact, that for a physical effect there must be a physical cause, and in our treatment of disease our duty is when we see effect to look for a cause; treating disease from any other standpoint, no matter how successful such treatment may be, is empiricism, it is not science; and until this truth is recognized and acted upon by the medical profession generally, none of us can claim to belong to a purely scientific profession." These words truly present to us as a profession a grand ideal, but alas, under existing circumstances, only an ideal. No man aware of the position of medicine to-day, will for one moment dare to claim that it now does, or soon can occupy the position of a truly scientific profession. We meet with morbid physical conditions on every side; for some, for many, nay, for most of these, we do not know the physical cause in its entirety. We cannot wait to know, men are suffering and calling to us for help. In many cases if we do not know the cause, we do know the therapeutic agent that will give relief, a knowledge drawn not from science but from professional accumulations of experience. It is our duty to use these means at hand, and through the mists of empiricism to watch and carefully follow the golden threads of science that seem to blend together the web of medical truth, leading, as they do, upward and onward to perfect knowledge, and systematised fact. In coming before you to-day advocating the use of Warburg's tincture, I confess to the advocacy of apparently a most unscientific remedy, an egregious piece of poly-pharmacy, a remedy at which science must stand aghast, or turn away in disgust, for the multitude of its ingredients renders a scientific knowlede of its *modus operandi* utterly out of the question.

Warburg's tincture was introduced to the notice of the profession about thirty-five years ago, as a new and most efficacious remedy in the treatment of the more malignant types of malarial disease. It was then highly recommended by Dr. Babington as an antimalarial and general tonic. Among the surgeons of the Indian Army it was held in highest esteem, in so much that it was soon by many held to be an indispensable in operations, either civil or military, in any of the tropical malarious regions. Excepting where special conditions rendered it almost a necessity, the tincture has not been generally received or tried by the profession, and that cannot be wondered at, seeing its composition was for long a secret. Now, since its composition has been made known through Professor Maclean, of Netley, its unscientific poly-pharmacy makes the profession stand aloof with a superior scientific smile.

Warburg's tincture contains thirteen ingredients:—To each ounce we have quinine gr. ix. ss, three purgative ingredients, viz:: aloes, ten or eleven grains, rhubarb about five grains, and one grain of agaric of larch; we have then aromatics to the amount of twenty-five grains, myrrh, cubebs, zedoary, saffron, fennel, elecampane, angelica, and all wound up with that relic of barbaric medication, Confection of Democrates, which is composed of something like fifty gums and aromatics. It would be an easy matter to fill pages with quotations extolling the virtues of the tincture, it will be sufficient to make a short quotation from Professor Maclean, of Netley Hospital:—"It will be seen that quinine is the most important ingredient in the formula, each ounce bottle containing nine grains of the alkaloid; its presence has been detected by every chemist who has attempted its analysis, and never doubted by any medical man who has used the tincture; many will say, after all this vaunted remedy is only quinine concealed in a farrago of inert substances for the purposes of mystification. To this objection my answer is: I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential highlands of the northern division of Madras Presidency. on the malarial rivers of China, and in men brought to Netley Hospital from the Gold Coast, and I affirm that I have never seen quinine, when given alone, act in the manner characteristic of this tincture, and although I yield to no one in my high opinion of the inestimable value of qui-

* Read before the Ontario Medical Association, in London, June, '85.

nine, I have never seen a single dose of it given alone to the amount of nine grains and a half suffice to arrest an exacerbation of remittent fever, much less prevent its recurrence; while nothing is more common than to see the same quantity of the alkaloid in Warburg's tincture bring about both results."

A few cases briefly cited will suffice to indicate the results I have obtained from its use, and the special lines of disease in which it seems to me to be a valuable addition to our therapeutic armamentarium. (1.) As regards malarial remittents, I cannot say much, for they are rare in Canada. One case I did treat with Warburg, with the most satisfactory results, but the patient said he would rather die than be cured by that medicine. (2.) Malarial intermittent fevers.

Case I.—Mrs. R. L——, an emaciated sallow woman, aged 26. Had been suffering from intermittent fever for over a year, never getting respite for more than a few days at a time; quinine had been used freely but with little effect, and certainly no lasting effect, as she had during this time been under the care of a regular physician. Other antimalarials had doubtless been tried, but as to that I cannot speak positively. She was suffering from a severe paroxysm when I saw her. I ordered a sharp mercurial purge, and followed that by the administration of an ounce of Warburg; she sweat freely, but not excessively, and never had another paroxysm; her health under simple tonic treatment rapidly improved, and she has only once since had even threatenings of the chills; then, she applied for another bottle of the tincture, which effectually prevented the threatened recurrence.

Case II.—The second case is one kindly furnished to me by the President of our Association. Early in August of 1883, I received a letter from Dr. Worthington, saying, that a case of severe intermittent fever had come to him from Cairo, Ill.; that it had resisted ordinary remedies, and asking, if practice in a malarious disct had furnished me with any special means for ating these obstinate cases. I at once sent a tle of Warburg, with directions. The Doctor's ort is as follows: "I at first gave quinine moderate doses, without effect; then in antitic doses, as high as twenty grains without the st effect, apparently. I procured some Warg's tincture from you, and on the 18th I gave him the tincture in accordance with your instructions, and on the 20th he was free from the paroxysms. The form of intermittent was quotidian. The tincture acted like a charm." In no case have I never used it in intermittent without temporary benefit, and in only two in which lasting results were not obtained. One of these was associated with a chronically enlarged liver; in this case Warburg only produced temporary benefit, and mountain sage was honored with success. The other was a case of phthisis, in which daily chills and fever were utterly uncontrollable by every means within my reach except Warburg, and that irritated the bowels so as to render it useless. At last I found that b th chills and fever were absolutely and immediately controlled by $\frac{1}{3}$ grain of morphia, hypodermically, during the cold stage, later than that it was useless to control fever.

In the treatment of intermittent neuralgia, I might mention many cases, but one will do as a specimen of the power of the tincture. Mrs. B. applied for treatment in April last; she said she had for a year past been suffering from an intense headache every day, lasting from sundown to after midnight. I used quinine in half drachm doses without any effect, but to produce ringing in the ears and nausea. Arsenic was freely used without any benefit. I attempted to reduce the pain by gelseminum without effect, croton chloral used for the same purpose was of little use. I then tried Warburg, the first bottle rendered her easy, and though slight pain still recurred, she pronounced herself well; another bottle completely removed the difficulty, and it has never returned.

In cases of septicæmia I have found it the most prompt and reliable remedy I have ever used, almost immediately reducing the temperature, removing headache and producing free sweating. I have seen the most satisfactory results when quinine seemed of little use in double the doses given of Warburg.

In spasmodic asthma, the results of the administration of full doses of Warburg gives generally prompt relief.

My object in bringing this subject before the Association, is not to furnish anything new or strange for thought or discussion, but simply to bring into more prominent view a preparation that is in Ontario little known, hence slightly tested, and consequently very indifferently appreciated. I

would therefore urge upon the profession in Ontario that Warburg should get a fair trial: (1.) In obstinate cases of remittent or intermittent malarial fevers. (2.) In intermittent neuralgia. (3.) In septic fevers from whatever cause, and (4.) In spasmodic asthma, especially when it assumes malarial regularity in the return of its paroxysms.

I would not desire to see Warburg's tincture substituted generally for quinine, for it is very unpleasant to take, and expensive, but it should be in every doctor's office or on the shelves of the drug store where he gets his medicine, and used either where ordinary methods fail to relieve, or when a prompt, powerful, and certain effect is wanted. Several objections are urged against the tincture.

(1.) It is said to produce exhausting perspiration. I may answer that this may be the case in tropical climates, but not here. I have used it in all classes of cases, but never observed anything more than moderately free diaphoresis.

(2.) That it is no better than quinine with stimulants and aromatics. This may be true, that is all the tincture is, quinine with stimulants and aromatics; but I contend, that we at present know of no combination of stimulants and aromatics that can equal Warburg in intensifying, and at the same time modifying the action of quinine; till we can find a superior combination, let us use Warburg. No one who has used it fairly, will fail to admit that it acts with much greater power and certainty than quinine alone.

It becomes an interesting question, why is quinine in Warburg's tincture more potent than quinine alone? The answer seems to me to lie here. In the tincture quinine is readily and quickly absorbed, and being powerfully stimulant, waking the malaria-dulled nervous forces to activity; they more promptly and readily react to the quinine, which, I think, may be regarded as simply the physiological antidote of the malarial poison. Be the cause what it may I trust Warburg may get a fair trial, and hold its place till a better preparation is brought forward.

OVARIAN TUMOR, OPERATION, RECOVERY.

BY J. E. BROUSE, M.D., BROCKVILLE, ONT.

Although in the active practice of the profession since 1861, my only experience of ovarian tumour, and the operation for its removal, occurred on the 19th of February, 1881, when I was present at two ovariotomies by the celebrated specialist, Dr. Thomas, of New York. In each instance the tumour was colloid, and both the women died shortly after removal from the table. The gravity of the operation, and the improbability of an inexperienced surgeon, without the help of skilled assistants, and a specially trained nurse to take charge of the patient; being able to conduct so formidable an undertaking to a successful issue, so impressed me, that I determined, in the unlikely event of being consulted in such a case, never to attempt the operation but to send her to one more skilled than myself, and who had often performed it. But as the sequel will show, I was fortunately forced into doing what I had thought never to attempt.

In Jan., 1883, Mrs. H. brought her daughter, A. H., æt. 24, to my office. She said her daughter was unwell every two weeks, and was "bloated." She was of a dark complexion, very much emaciated, face drawn, and anxious worn look. Tailoress by trade, worked at it for the past nine years. Has done little machine work, as it always caused pain in her side. Menses appeared at fourteen; nearly always regular; once went two weeks over time; discharge lasts three to four days, pain severe one day before ceasing, with appearance of flow, which is less than normal. Health good until a year past; during winter and spring of 1882, she had at times, pain in left iliac region, obliging her to unfasten her skirts to ease it. May, 1882, she noticed that her abdomen was enlarging, and it increased so much as to cause her corsets to project, and she was compelled to tie the bottom part down. The growth gradually increased until September, her menses meantime appearing regularly; that month, however, she was unwell twice, and became so every two weeks until December, when menses ceased entirely. When she became unwell every two weeks, the pain, formerly preceding each monthly period, left her. In December she had to enlarge her dresses. Complains of loss of appetite, constant nausea, and frequently vomits what little food she eats. During the past six months she has lost flesh fast. On examination there was enlargement of the abdomen, globular in shape; percussion note dull on left side from pubes to three inches below sternum, and two

inches to right of median line. A moveable tumour was distinctly felt occupying the whole of above region. There was dullness in right iliac region up to umbilicus, but no tumour could be felt. Above umbilicus on right side was tympanitic. The following measurements were made. From umbilicus to pubes nine inches, to left superior process, seven and a half inches, to the right seven inches, circumference thirty inches, increased February 12th to thirty-one inches. Digital examination revealed hymen intact as high up as cervix, passed virginal. Did not introduce sound then, but passed it subsequently and found depth two and a half inches; could not determine size of uterus by bimanual method, the tumour interfering.

My diagnosis was left ovarian cystic tumour. Gave no opinion, but put her on acids and bark, and told her to come for examination every two weeks. On February 12th a physician examined her and pronounced her pregnant, but not agreeing with him, I told her plainly my opinion as to the disease, and that only an operation could cure her, advising her to go to Montreal for that purpose. She then placed herself under the care of another physician, who gave her something to bring on her menses, which served only to increase her weakness, and of course failed in its purpose. In May she came back to me, and on the 12th Drs. Pickup and Vaux examined her and confirmed my diagnosis. She absolutely refused to leave Brockville, as the neighbors had said unkind things of her, and going to the city to be cured would but confirm their suspicions. Her friends and herself wishing me to operate, I consented. An attack of phlebitis in the left leg, which lasted over two weeks, kept her in bed, and prevented her from having the advantage of outdoor exercise. Requiring trocar forceps, etc., I wrote to my old college friend Dr. Trenholme, of Montreal, for them, and when sending them he stated that he was going to St. Catharines to perform Tait's operation the middle of June, and if I liked, would be glad to ay over a day in Brockville and assist me, and was kind enough to do so. I determined to erate in my own house, and had two rooms set art, one for the operation, the other for her to cupy afterward, carefully prepared and cleansed, washing and whitening walls and ceilings, raping and brushing all cracks in the floors and ing them with putty, all the woodwork, including floors, covered by two coats of paint; the iron bedstead taken apart and thoroughly washed with carbolized hot water, mattresses aired and sprinkled with a solution of carbolic acid, all sheets, blankets, pillows and pillow cases, towels, napkins, etc., carbolised. The sponges were over two weeks in preparing, by being soaked in dilute acid to remove all particles of shell or sand, then boiled in solution of carbolic acid, hung in the sunlight for four days, again boiled same as before, and finally left in a 1 to 40 solution of the acid until wanted. All sutures and ligatures were made antiseptic, as well as everything that would be used or be likely to come near her. June 14th, five days before the operation, she was brought to my house, in order that she might get accustomed to her new surroundings, and also that I could superintend her diet, regulate her bowels, etc. The diet consisted of bread, lamb chops, corn starch, and porridge made of wheat flour. The bowels were moved each day by compound fennel powders. The evening previous to the operation I gave an opiate, in order to lock the bowels and secure rest, and it was unfortunate that it was done, as she was kept awake all night by constant nausea and vomiting, thus leaving her in a state of prostration and weakness that was very undesirable. Daily tepid baths and subsequent oiling, formed part of the preparatory treatment.

On the day of the operation, and half an hour before giving the ether, (Squibbs,) she had $\frac{1}{4}$ gr. of morphia hypodermically, and fifteen grs. quinine in brandy. I was assisted by Drs. Trenholme, Vaux, Pickup and Jackson. Mr. Robinson, medical student, nurse and servant girl were present, and all of them had their nails, hands and arms cleansed in carbolised water. Spray was not used, but atmosphere was filled with carbolised vapor, and kept at 80° F. The incision extended from left side of umbilicus to the pubes; peritoneum was cut with scissors guided by two fingers. At once, and unexpectedly, there gushed out a quantity of thick, syrupy straw colored fluid, amounting to about six quarts, which ran over the patient to the floor. Dr. Trenholme thought I had accidentally opened a cyst, but such was not the case, as the tumour with its glistening cystic covering came into view at once. Fortunately, there were no adhesions whatever, the growth was from the right ovary, though occupying the left side. The cyst

wall was so thin and fragile, that on endeavoring to draw the tumour into the opening with vulsella, the forceps tore through, easily allowing fluid contents to escape into the abdominal cavity before patient could be turned on her side. The size of the tumour was diminished so as to permit it to be drawn through the opening by inserting my hand and breaking up and evacuating the smaller cysts, of which there were several. The pedicle, which was very short, was tied into two parts by passing a strong silk ligature doubled, through it, cut an inch above and dropped back. The left ovary being diseased was also removed. From beginning the anæsthetic until both ovaries were removed not more than thirty minutes had elapsed, but it took one hour of steady sponging to thoroughly remove all fluid from the cavity. The loss of blood was slight, and no vessels needed tying, forceps having been applied to each, when cut. Twice during the operation the patient became very pale and the pulse almost imperceptible, and two hypodermics of brandy were given. The wound was closed by seven deep silver wire sutures $\frac{3}{4}$ of an inch apart. Fine silk superficial sutures were passed between. Strips of jute were placed under ends of wires. Several thicknesses of antiseptic gauze were laid over the abdomen, outside of that a layer of marine lint, and all secured by a many tailed bandage. Patient was now put in bed, and rubber bottles filled with hot water placed around her. She recovered consciousness in half an hour, and excepting nausea from the ether, felt well. The highest temperature during after treatment, was two hours after being in bed, 102¼, pulse, 100. At 6 p.m. temp. 98⅘, pulse, 98. A record of T. and P. taken every three hours was kept for five days, after which they were taken every six hours, but neither ever indicated any serious cause for anxiety. Vomiting was persistent for three days, in spite of every effort to control it, and was finally checked by morphia and atropia under the skin. Before the operation morphia always caused vomiting. Flatus passed on third day. Diet was milk and lime water; catheter had to be used every eight hours for two days, but it caused severe cystitis which gave great trouble to control, producing wakefulness from pain, and frequent desire to urinate. It did not entirely cease until she was quite recovered from the operation. The wound was dressed the eighth day, and was united its whole length, not one drop of pus having formed. Sutures were removed on eleventh day. The sixth day an enema was given, and afterward a regular movement secured by fennel powder. For three weeks the morning tempt. was 99½ and the evening 100½, and I attributed the rise, partly to the irritation caused by the silk ligatures in the peritoneal cavity. The want of a skilled nurse was much felt during the after treatment, as when absent visiting other patients on three occasions I found her suffering pain with rise of temperature, caused by the stupidity of her attendant. At the end of a week, her tongue, previously thickly furred, became clean, appetite returned, and she enjoyed her food for the first time in more than a year. In thirty days had her taken to her home, she rapidly gained in flesh and is now strong and well.

The presence of such thick, straw colored syrupy fluid in the peritoneal cavity was quite new in the experience of Dr. Trenholme, and I have been unable to find a similar case related in any work on ovarian tumours. The cystic fluid was quite different in character, that in the main cyst being thick and dark in color, while in the smaller cysts it was clear and white. May the presence of the fluid in the cavity of the abdomen be accounted for by exosmosis? It certainly protected the very thin walls of the tumour from the likelihood of being ruptured, which otherwise would readily have occurred from a slight blow or push. Thinking that this, my only case of the kind, might prove of interest to some of my professional brethren, who, like myself, have had little experience in ovariotomy, and hoping that the success met with will encourage others, I have ventured to report it.

THE IDENTITY OF YELLOW FEVER AND ACUTE MALARIA—CONSEQUENT CONTAGIOUSNESS OF MALARIA AND CURABILITY OF YELLOW FEVER.

BY VIEIRA DE MELLO, M.D.,

(Member of the Academy of Medicine of Rio de Janeiro.)

Considering that pathologists and physicians of all countries are of one accord in admitting that the "epidemics of yellow fever are always preceded by serious cases of acute malaria," yellow fever

*Communicated to the Academy of Science of Paris in 1885.

must needs then, in my opinion, express the state of saturation of the atmosphere by the swamp microbe, thus permitting to man a greater absorption, in due time, of the morbific principle, hence the very serious character of the symptoms presented. Considering that the two morbid entities co-exist in the same zone and increase in direct ratio of the development of the malarious germ,—a fact largely observed at Rio de Janeiro where yellow fever is a contemporary and a companion to the excavations, breaking out at the same time that these are effected, and following them in their way through the city; considering, besides, that yellow fever has no distinct characteristics of its own—the symptoms that are ascribed to it being strictly the same that I have observed in serious cases of acute malaria, hæmorrhage, and black vomit included; considering, moreover, and this argument is of surprising value, that morphologically the element considered as productive of yellow fever as shown by Dr. Domingos Freire, is strictly the same that I have met with in the blood, vomit and urine of patients suffering from acute and chronic malaria; considering, likewise, that this very same element has been found by myself in the water that is used for drinking by the inhabitants of places where malaria reigns endemically—places where yellow fever is not even spoken of—an argument that at one time enlightens the etiology of malaria, and overthrows the objections of those who ascribe to pigmental alterations of the hematine, the elements described by Laveron and confirmed by myself; considering, finally, that all the cases of malaria that could have been, and those that were classified as yellow fever, and were attended by me, yielded to the specific treatment of acute malaria—unsuccess in those in which this treatment is employed, being due, in my opinion, to insufficient doses, bad quality of the medicine used, or tardy interference, when the organism is no longer in a state to absorb it, or because the disease is several days old, or lastly, because the attack has been so violent as to cause the same deep disorders that in milder cases would take time to make their appearance. I have come to the conclusion that yellow fever is a graver modality of acute malaria, of superlative gravity; that, therefore, it is not an idiopathic morbid entity, as has been asserted until now, but the expression of gravity in another morbid state, and that the name yellow fever should be changed to that of grave malaria, this qualification serving to designate the highest intensity of malaria.

Amongst the objections that can be made to these doctrines, objections that have already been presented to me, the one that seems most weighty is the following: "Yellow fever cannot be of the same nature as malaria, since the first is contagious and the second is not." This is a great mistake. In the first place, no one, to my knowledge, has been able to demonstrate the contagiousness of yellow fever, that is the transmissibility of the disease from body to body, by contact; in the second place, because malaria is susceptible of being transmitted by any individual to persons surrounding him, as well as of being transported to great distances. For instance: An individual is poisoned by the helococcus, and retires to his rooms, where he remains for several days without appropriate medication. The helococcus[1] not being consequently attached, and finding in the organism of the patient a favorable field for its development, proceeds on its evolutionary march. The patient, though whose ennuctory apparatus works, discharges continually from his body a certain quantity of these microbes that are thrown into the surrounding air, where, if they meet with favorable conditions of vitality, they live, develope and procreate. Therefore, after a certain time the rooms of this individual will be transformed into a genuine focus or nursery of helococci, and consequently whoever enters there may receive the same morbific element that is found in a marsh or swamp.

Here we have the explanation of the contagiousness of yellow fever, because it is at the same time the explanation of the contagiousness of malaria, a question that has been despised, why I cannot tell, when it is a known fact, as no one dares to deny, that malaria is a microbiatic disease. Thus, an individual that has been infected in a marsh, may, in turn, constitute another marsh focus or nursery as long as his organism affords to the helococcus the necessary conditions for its development and procreation. And if such a case is liable to happen in reference to one single indi-

(1) ἕλος, swamp, marsh and κόκκος, in Latin *coccus*, *coccum*, a germ, a seed, a small round body. This denomination created by myself to designate the microbe of malaria, is based on the rules established by Egger for the construction of neologisms.

vidual, it is much more liable to happen in places where the accumulation of patients is considerable, especially if the enteric form of malaria prevails, if hygienic rules are neglected, or if the fæcal matters are retained or thrown in the vicinity of these places.

Selected Articles.

LOCOMOTOR ATAXIA — AMYOTROPHIC LATERAL SCLEROSIS—LATERAL SCLEROSIS.

CLINIC BY H. C. WOOD, M. D., PHILADELPHIA.

Gentlemen, this patient comes to us with the statement that every two or three weeks, or sometimes at longer intervals, he has frightful attacks of abdominal pain accompanied with vomiting. Under these circumstances, attention is naturally directed to the condition of the stomach. We learn that these attacks are not provoked by any error in diet, that they are apparently spontaneous, and that between the attacks there are no symptoms of dyspepsia or indigestion. The attacks are exceedingly violent. The patient came to the hospital two weeks ago. When I first saw him, he appeared to be suffering from no severe symptoms. A day or two later, I found him in bed, groaning and moaning as though in agony. There was frequent vomiting of mucus tinged with bile, or of a liquid so thin as scarcely to be called mucus. These attacks of pain with persistent vomiting lasted three or four days and kept the man from sleeping, in spite of the free use of opium. Such attacks are evidently not dependent on irritation of the mucus membrane of the stomach.

The pain would suggest the passage of gall stones. Careful examination, however, shows that the pain lacks the sudden cessation which is characteristic of biliary colic. It is a steady, unbearable pain, lasting for hours and days and unaccompanied with jaundice, disturbed digestion, or any other manifestation of the passage of biliary calculi. You will call to mind the case of the woman with attacks of pain, similar to these, occuring in the rectum, which I showed you last week. When you have brought to your notice a case of horrible, recurring, violent, unaccountable pain, remember the possibility of its being one form of crisis occurring in locomotor ataxia. Sometimes these paroxysms of intense, shooting, darting, tearing, boring pain attacks the genital organs.

When I found this man sitting at his bedside, my attention was at once directed to his pupils. I found that they were very small, in other words, he had a distinctly myotic or contracted pupil. When I shut off the light with my hand, I found that the pupil did not dilate. It was, indeed, insensible to light. I then tried the pupillary reflex, but there was no dilatation of the pupil produced by pinching the skin of the neck. Then I asked him to look at my finger held close to his face and a moment later to look at a distant object, and found that the pupil which was immovable to light, and responded not to peripheral irritation, reacted normally to the movements of accommodation. Our patient has, therefore, that comparatively rare pupil known as the Argyle Robinson pupil, because first described by that gentleman.

Before going further with this case, I wish to say a few words in regard to conditions of the pupil as seen in nervous affections. We have as the afferent nerve, so to speak, going from the eye to the centre within the brain, the optic nerve. We have two centres, connected as motor centres with the pupil, the oculo-motor centre and the spinal dilating centre, situated high in the neck. What happens when a person's neck is pinched? An impulse is sent through the sensitive nerves which reaches the cervical centres, lying in the upper part of the spinal cord. As a result, there goes out from the cervical sympathetic ganglia, an impulse causing dilatation of the pupil.

Again, the pupil contracts with exposure to light, and dilates when the light is withdrawn. This is especially accomplished through the oculo-motor centres. The optic nerve is the afferent nerve. Its fibres run through certain centres in the neighborhood of the thalmus opticus and then pass down to the corpora quadrigemina and oculo-motor centre. As a result of exposure to light, there is oculo-motor stimulation and the pupil contracts.

Then as to the movement of accommodation. When a near object is looked at, the eyes are brought convergent as to their axes, and at the same time, the pupil contracts and the shape of the lens is altered for the purposes of distinct vision. These are so-called consentaneous or associated movements, that is, movements which habit or the original construction of the nervous system has brought about as always being performed together. They apparently take place through the oculo-motor centre. An impulse from the upper cortical region of the brain is sent down to the oculo-motor centre for the act of accommodation, and the centre sends out an impulse which contracts the pupil, and at the same time, converges the eyes.

Besides these various movements of the pupil, there are others associated with emotional conditions, but we have been unable to study these in this case.

In the Argyle Robinson pupil, there is want of response to light and to reflex irritation from the skin, but the pupil does respond to alterations of

accommodation. Wherever this pupil is found, there is almost of necessity serious organic nervous trouble, and the probabilities are always in favor of the idea that the patient is suffering from locomotor ataxia. The Argyle Robinson pupil has, however, been found in a certain number of cases of general paralysis of the insane, and perhaps, in a few other diseases, but it marks especially the presence of locomotor ataxia. Where in any given case, as here, there exists violent gastric crisis, along with the presence of the Argyle Robinson pupil, you have even without further examination, sufficient grounds for the diagnosis of locomotor ataxia.

The explanation of this peculiar condition of the pupil is not difficult. We know that the optic or afferent nerve is perfect because the patient sees. There is no evidence of paralysis of the oculo-motor nerve and the pupil is contracted. Supposing the man to be suffering with locomotor ataxia, it is plain that the reason why there is no response to light is that the fibres which connect the optic centre with the oculo-motor centre are involved in the diseased structures.

There is interruption of the pathway and there can be no passage of the impulse from the centre of the optic nerve to the oculo-motor centre. The reason that the pupil does not respond to peripheral irritation is because the sensitive nerve connected with the upper spinal region is also involved in its passage through the cord. You will remember that, in locomotor ataxia, there is a chronic inflammation and sclerosis or hardening of the posterior column of the spinal cord, and hence these sensitive fibres are cramped and squeezed and their function abolished. When the skin is irritated, no impulse reaches the centre. It is interesting to observe in connection with the gastric crises, these other signs that the disease is high up in the spinal cord, even in the medulla, for the medulla, although placed within the skull for purposes of protection is nothing more than the upper part of the spinal cord.

When the man is examined further, other evidences of locomotor ataxia are found. In the first place, he has lost the patella reflex. He has darting and shooting pains through the legs, unaccompanied with soreness, or with pain on motion. Remember that bilateral, darting shooting pains, without soreness and without pain on motion, are in nine cases out of ten, if they are persistent and not due to gout, the result of locomotor ataxia. When with this there is loss of the patella reflex, the diagnosis is almost positive. I have also found some disorder of coördination in this case. The man has somewhat ataxia gait. He walks with the feet spread wide apart so as to give a firm base of support. The movement of the legs are irregular. With some difficulty he can stand on both legs with the eyes shut, but is unable to stand on one foot with the eyes shut.

We are therefore able in this case to arrive at a positive diagnosis of locomotor ataxia.

Leaving this case for the present, let me briefly call attention to the various forms of local inflammation of the spinal cord with which we meet in practice. In the so-called system diseases of the cord, the scleroses or chronic inflammation involve certain tracts of the cord, running up and down, but do not invade widely scattered foci. In the centre of the cord is the gray matter. Then we have the lateral tracts. In the centre of the anterior portion of the cord is a small tract which corresponds to these lateral tracts physiologically. Then we have the posterior median columns or the columns of Goll. So far as system diseases are concerned, we know of two scleroses especially, which produce definite symptoms. In the first place the posterior region may be involved, especially the region where the posterior nerve roots emerge, constituting *locomotor ataxia*. In the second place, the lateral columns of the cord may be affected, constituting *lateral sclerosis*. There are one or two cases in which the symptoms have been said to have been due to sclerosis confined to the columns of Goll. This is, however, rare, and I have never met with such a case. In the anterior portion of the gray matter there are certain groups of large cells. These are the motor cells whose function it is to convey the nervous impulses which shall cause contraction of the muscle, and it is also their function to preserve the nutrition of the muscle. When a muscle is cut loose from these cells it wastes and its electrical reactions change. When this portion is diseased, we have, if the affection is acute, infantile paralysis or acute muscular atrophy; if it is chronic, we have progressive muscular atrophy. When in spinal affections, there is rapid wasting of the muscles and rapid changes in the electrical reactions, there is disease of these cells; whatever else may be present in the spinal cord these cells are involved

There is an affection of the spinal cord, in which there is disease of the lateral columns associated with disease of these motor cells. This is known as *amyotrophic lateral sclerosis*.

In the consideration of the case before us, I have called attention to most of the symptoms of locomotor ataxia. They are disorders of locomotion and coördination, and pain without loss of motor power or wasting of the muscles.

Let me now call attention to this second case which represents another form of spinal affection, namely, lateral sclerosis. The symptoms of locomotor ataxia are sensory and afferent. The lack of the power of coördination is due to the failure of afferent impulses to reach the brain. In lateral sclerosis, the symptoms are disorders of motion, but not of nutrition of the muscle, nor of sensation. There is no wasting of the muscle and no lack of

coördinating power. There is simply disorder of the motor function of the muscle. These are chiefly the result of irritation, so that there is more or less permanent spastic muscular contraction. With this there is excitability of the reflexes with a certain amount of loss of power, because whilst the fibres are irritated, there is also interference with the passage of currents down from above.

This case exhibits the symptoms of lateral sclerosis. Although I lift the leg and support it at the thigh, there is no bending at the knee, and it requires considerable force to flex the leg Tapping the tendon of the patella, I find that the patellar reflex is abnormally increased. I cannot at this time develop ankle-clonus, although it has been noted in this case. There is, then, excessive rigidity, increased reflex activity, and, in addition, a peculiar gait. When the disease is fully formed, the gait is characteristic. The patient cannot get his toes from the floor, owing to the spasm of the calf muscles. Examining the legs, no muscular wasting is found. The electrical reactions are normal. The arms are sometimes affected in lateral sclerosis, but in this patient the stiffness is very slight at the arm. There is, however, great loss of power in the arms. On exploring the arms, fibrilliarly contractions are noted as abundant. These are never seen in pure lateral sclerosis. Moreover, there is great wasting of the shoulder and arm muscles. These symptoms, we are told, came on gradually, they are evidently due to disease of the motor or anterior cells of the gray matter of the cord, and we have an instance of the chronic spinal disease, known as *amyotrophic lateral sclerosis.*

Turning now to the third patient, we find the following history. This girl is twenty-six years of age. She was in good health until three and a half years ago, when she developed the symptoms with which she now suffers. The affection has come on gradually. There was, she stated, at one time partial loss of power in the left arm and leg, and she was unable to work for four weeks. She then obtained an easy place and returned to work.

You observe the same stiffness of the legs, seen in the previous case. When I raise the thigh from the bed, there is no flexion at the knee. The muscles of the calf are contracted. The pateller reflex is increased. There is some rigidity of the arms, most marked on the left side.

We have then, in this case, either lateral sclerosis or something simulating it. There is an affection known as hysterical contracture, in which there is loss of power, with heightened reflex activity, rigidity, or more or less permanent contraction of the muscles, a disease which very closely simulates lateral sclerosis, and in some cases it is almost impossible to make the diagnosis Two years ago I had a case in the Philadelphia Hospital which well illustrates the difficulty in diagnosis. This woman suffered with Pott's disease of the vertebræ, which had produced angular curvature. It is not uncommon to have secondary sclerosis following the transverse myelitis of this affection. With a pronounced history of disease of the vertebræ, there were the typical symptoms of lateral sclerosis and an almost entire absence of hysterical indications. The diagnosis of lateral sclerosis was made. On one occasion, she was given some powders of bismuth for a slight derangement of the stomach, and she began to rapidly improve, so that in a few days, instead of being confined to a rolling chair, she was able to walk about. That was largely a case of hysterical contracture.

This woman before us is not distinctly hysterical. If in a decidedly hysterical patient you have symptoms like these, especially if they have developed suddenly, the probabilities are that you are dealing with a case of hysterical contracture. Although this patient is somewhat nervous, she is not distinctly hysterical. The disease has come on slowly. Hysterical contractures are more apt to come on suddenly, but not necessarily so. This woman has another symptom which I believe is characteristic of organic disease, and at present, I should always make the diagnosis when I found it distinctly present. During the past two months she has complained of having the feeling of a bandage around the waist. This she spoke of herself. Of course if you ask an hysterical patient if she has a band-like feeling around the waist, she will be very apt to say that she has, when she had never dreamt of it. Another point I wish to allude to, and that is, that chronic nervous diseases, especially in woman, are often associated with hysteria. If any one of us were shut in a room for months, and months, over-shadowed by a great cloud of approaching troubles, it is probable that we would develop hysterical symptoms. The point is always to be borne in mind, that underlying the hysterical manifestations, there may be a real organic trouble.

There is in this case, a slight inequality of the pupils. Everything, therefore, points to the existence of lateral sclerosis, and the prognosis is unfavorable. We should, however, not pronounce a too positive prognosis, but should leave a way of escape in case the condition should prove to be largely hysterical.—*Boston Med. Journal.*

THE MODERN TREATMENT OF UTERINE MYOMA.

The following quotations are from Lawson Tait's article, under the above heading, in the *British Medical Journal*, with notes by W. J. Sinclair: "The first point of my thesis is to show that the removal of the uterine appendages for myoma, when properly performed, is not a fatal operation, but one with hardly any mortality at all, even

when the tumors are large, and when the patients are brought almost to death's door by hemorrhage." To support these statements the author reports 58 cases operated upon since January, 1884, without a single death. In the series published up to the end of 1883, there were 50 cases, with two deaths. It is the author's belief that in experienced hands "the real mortality of the operation" is not more than one per cent.

The second point which Mr. Tait seeks to prove is that the results of the operation are satisfactory and permanent, so that it may be confidently recommended for the relief of suffering and the saving of life. With this object he gives brief notes of the more recent history of each case in his first series of 50. Looking back through a period of 4 to 13 years, he shows that the result was satisfactory, but with two exceptions. In one of these there was a mistaken diagnosis, and in the other the hemorrhage continued and the tumor did not cease to grow, yet in both cases the operation gave some measure of relief. Mr Tait's results in both series are so brilliant that the reader hardly requires the argument which succeeds the statement of facts. He claims on the two points of his thesis (1) that the primary mortality of this operation is so low that it can be justified far more decidedly on that score than any other of the serious operations of surgery; and (2) "the secondary results of this operation are as brilliant as those of any other operation in the whole realm of surgery with which I am acquainted." After the publication of this paper, if any doubted before, it will probably be conceded that Mr. Tait has made good his position with regard to the operation. He may be pardoned, perhaps, for recalling the incidents connected with the publication of his first results, even if it reminds some of the facts which they would rather forget. The history of the rejection of Mr. Tait's paper by the Royal Medical and Chirurgical Society of London, its publication in the *American Journal of the Medical Sciences*, and the subsequent vicissitudes of the operation, constitute a lesson in liberality of judgment, if not in surgery. The conqueror, however, can now well afford to have uttered his *væ victis* for the last time.

The author discusses the question of priority of discovery, or priority in introducing the new proceedings. While he shows that he and Hegar and Battey were almost simultaneous in the performance of the operation, he claims to have been the first in the field by about six months. These historic facts are well worthy of the closer attention of British surgeons, especially of those who speak of "Battey's operation" when they do not call it "spaying."

Mr. Tait next turns his attention to the relative value of enucleation and hysterectomy, and he thoroughly condemns both operations. He seems to be of opinion that enucleation is completely discredited and ought never to be performed, whilst hysterectomy is to be resorted to only in neglected cases, or in the very few exceptional cases in which the growth is not arrested by the removal of the appendages or by the menopause. "If the removal of the appendages were performed on patients early in the history of these cases, as it ought to be, very few indeed would arrive at the necessity for the operation of hysterectomy."—*Medical Chronicle.*

EUCALYPTUS IN TYPHOID AND OTHER FEVERS.—Dr. Leighton Kesteven, contributes his observations in this subject to May No. 1885, of *The (London) Practitioner.*

While treating cases of typhoid fever in the Brisbane General Hospital, the idea occurred to him that the oil of eucalyptus would be efficacious. In the next 18 months he treated 220 cases of the fever with it, with only four deaths, and these four cases would probably have died from other causes than the fever. His dose is now about ten minims every ten hours. It does not agree well with all stomachs when given simply with mucilage; but trouble in this respect can be entirely overcome by first carefully emulsifying the ten drops of oil with mucilage, and then the addition of a half drachm each of aromatic spirits of ammonia, spirits of chloroform and glycerine—the latter entirely removing the rough semiresinous taste of the oil.

This medicine acts, *first*, by steadily and permanently reducing the force and frequency of the pulse, indeed acting with marvellous rapidity in some cases; *secondly*, by lowering the temperature, which occurs less rapidly and may be secondary to, and dependent on the lowering of the pulse; *thirdly*, by the beneficial effect on the tongue—almost immediately alleviating the distressing dryness so universal in typhoid fever, and removing the thick brown coating, leaving, relatively, but little fur, frequently cleansing the tongue entirely in a very short while: and, *fourthly*, the skin becomes moist and soft, giving comfort to the patient.

The Doctor also pins great faith to the liberal use of whiskey from the beginning of attack—even as much as 30 ounces in the twenty-four hours. Ordinarily, he feeds on milk thickned with isinglass, beaten up eggs, milk and soda, cocoa, and —where diarrhœa exists—ground rice and milk. In asthenic cases ounce doses of chicken broth (concentrated to ten ounces from a whole foul) every half hour or longer, the juice of half cooked mutton, or beef tea made in a pot without water strained through a fine muslin should be used. For the abdominal tenderness, apply ice-cold compresses, and allow ice to suck. Apply ice to the shaved head for cephalalgia, and use frequent cold "packs" from head to knees if temperature rises. Change the bed linen night and morning without

letting the patient get out of a horizontal position.

The Doctor thinks probably the eucalyptus acts as a germicide. In most cases, the fever is entirely over in ten or twelve days, although he keeps his patients in bed the traditional three weeks.

Experimentally, he has used eucalyptus oil in two or three cases of pneumonia, with the most marked benefit.

Treatment of Pulmonary Consumption, Da Costa.—*Hygienic Treatment.*—Out-door exercise, good food, warm clothing; climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida, etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Prof. Da Costa does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats, and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhuæ, to lessen the tendency to its abuse. Whiskey and brandy are the best stimulants here. You need not interdict smoking.

Medicines.—Ol. morrhuæ is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give f℥ss, ter die, one hour after meals. To disguise it, and to promote its ready absorption, give ♏x-xv ether, but this sometimes causes belching. Mix it with equal amount of malt or whiskey. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr. $\frac{1}{10}$ or gtt. iij Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine; it should be more generally used; liq. iodi comp. gtt. i-iij, ter die, with potassium iodide to alternate with it. When anæmia is present, *and not much fever*, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv of the official syrup, and push up to f℥j, ter die.

Prof. Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhuæ and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

Treatment of Special Symptoms.—Entirely too much is done for the symptoms. For cough we should have no expectorant, unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, gr. $\frac{1}{8}$-$\frac{1}{4}$, in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

Night Sweats—Give atropia, gr. $\frac{1}{100}$, at bedtime. Sponge off the body with hot water to constringe the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr. ij ter die. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij, ter die, the last dose at bedtime.

Digestive System.—The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr. $\frac{1}{4}$, four times per diem. Strychnia, gr. $\frac{1}{30}$, ter die, is also of great value.

Diarrhœa.—Opium, bismuth ℥j; copper sulphate, gr. $\frac{1}{12}$; silver nitrate, gr. $\frac{1}{4}$, etc.

The Throat in Phthisis.—It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (℥j to the Oj).

Prof. DaCosta has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For *Irritative fever*—

℞.	Quininæ sulph.,	gr. iss
	Digitalis,	gr. ss
	Opii,	gr. $\frac{1}{4}$. M.
	Ft. pil.	
Sig.—Ter die.		

—*Col. and Clin. Record.*

Treatment of Croupous Pneumonia, DaCosta.—Do not bleed, as a rule, though in a strong man with strong pulse you will relieve the headache and dyspnœa in the early stage. In later stages a few wet cups, in the same condition, will be of much avail. Keep down the circulation at any rate, by one of two remedies, to wit; Tinct. aconite, ♏j-ij, in diaphoretic mixture, every two hours, or tinct. veratrum viride, ♏iij-v, in syrup of ginger, until an impression is produced on the pulse. In conjunction, quinine, gr. viij-xij per diem, will be found beneficial.

As the case goes on, and the circulation is to be further controlled, the use of digitalis is indicated. Act on the secretions and keep them up; keep patient quiet. Give him Dover's powder at night.

Quinine is to be given throughout the course of the disease. In the second stage expectorants are valueless, but may be used later, when tissue breaks down, etc. Then use ammonium chloride or ammonium carbonate. The latter is also a stimulant to the circulation, and also breaks up exudation. Give it in doses of gr. v-vij, every two or three hours. The aromatic spirits of ammonia

may be substituted for it, in doses f ss, given in simple elixir.

Plain food should be given; oysters or fluid food. We may give him almost what he wants. Stimulus is required for the symptoms, but not for the disease; *i. e.*, a flagging pulse, a weak heart, call for whiskey. In this state of affairs give f℥ss every two or three hours. If the case passes into the stage of general exhaustion give whiskey freely.

In typhoid pneumonia give ammonium carbonate, quinine, digitalis and stimulus from the very onset.

Local Treatment.—If some pleurisy exists poultice, but cease when pain stops; glycerine for circumscribed pleurisy and lingering consolidation.—*Col. and Clin. Record.*

CLASS-ROOM NOTES, PHILADELPHIA. — In all cases of *tapeworm*, at the clinic, Prof. DaCosta uses pelletierine.

Prof. Parvin, following the recommendation of Playfair, says that "chloral is peculiarly useful in cases of *rigidity of the os uteri* primiparæ." He gives gr. xv to ℈j every hour or so until three or four doses are taken.

A case of *chorea*, in an anæmic girl, æt. 8, which followed diphtheria, was presented by Prof. Da Costa. The choreic movements were continuous. Rapid improvement followed the treatment, which consisted in—

℞	Arsen. chlorid.,	gr $\frac{1}{100}$	
	Tinct. ferri chlorid.,	gtt.v	
	Syrupi simplicis,	q. s.	
	Aquæ. ad	f℥j.	M.

SIG.—Ter die, after meals.

Prof. Gross gave the following directions for making *koumiss*, which he states is an excellent article of diet when the stomach cannot tolerate food:—

Grape sugar,	℥ss	
Water,	f℥iv.	M.
Milk,	f℥ij	
Fleischmann's yeast,	℈j	M.

Mix the two ℞s in a quart bottle, and then fill the bottle with milk; cork securely; shake ter die, and on third day use. A quart may be used in twenty-four hours. In catarrhal conditions of the stomach it is most agreeable.—*Col. and Clin. Record.*

SUBCUTANEOUS INJECTION OF THE SALTS OF QUININE.—The occasional necessity for the injection of quinine subcutaneously, not only in severe malarial affections, but also for antipyretic purposes, must have compelled many physicians to reflect on the best methods of avoiding the disagreeable consequences which too often follow such use of most of the salts of that drug.

It is generally in violent and pernicious malarial complaints, in which both the stomach and rectum are so irritable that medicines are not retained long enough to permit of its satisfactory absorption into the system; or where, without such irritability there is some mechanical obstacle to the administration of food and medicine by the mouth, and we wish to reserve the rectum for the purpose of nourishing the patient; and occasionally, too, in a few cases of hyperpyrexia, in which the danger from excess of heat is imminent, while other methods of reducing the temperature are contra-indicated, and every minute is of value, that resort must be had to the hypodermic injection of such powerful antipyretics as quinine, in quantities likely to produce a rapid fall of temperature. There are probably great differences of opinion as to the doses required under such circumstances, but I have thought it necessary, more than once, to put as many as thirty grains of quinine under the skin in a few hours' time. As it is scarcely possible to inject more than five grains at any one point—smaller doses indeed, such as two or three grains, being distinctly preferable—the number of injections and the pain produced are matters of no small importance. The method I have latterly adopted has given decidedly better results than any previously tried, and can be stated in a few words. The two best salts of quinine to use are the bisulphate and the hydrochlorate. Both are fairly soluble without acids, but the bisulphate has the advantage of being considerably cheaper. One grain of that salt will dissolve readily in six minims of equal parts of the purest glycerine and of distilled water at the temperature of the body, and when thrown at that temperature into the looser subcutaneous cellular tissue—the only part into which quinine should be injected—will be rapidly absorbed without deposition of any crystals of the drug. To this solution two per cent. of pure carbolic acid must be added. Thirty minims of such a solution, containing five grains of the bisulphate, may then be used for one injection from a syringe of double the average capacity—now, as a rule, just about fifteen minims; and although it is probably better, as previously mentioned, to inject less at one point, no local or general injurious effects have followed the numerous applications of the maximum quantity stated, which have been made since I have been in the habit of adding the carbolic acid to the diluted glycerine solution of the quinine. The local anesthetic action of the carbolic acid, too, is unquestionably of great value in diminishing the pain attending the hypodermic use of such an irritating medicine as quinine.—*British Medical Journal.*

THE TREATMENT OF ERYSIPELAS.—The treatment of what has usually been termed idiopathic facial erysipelas is of interest both on account of the frequency of the disease and the failure in many

cases of the usual means to control it. Many authorities firmly believe in the malarial origin of this disease, and hence quinine, when combined with the tincture of the chloride of iron, occupies a leading place as an internal remedy in the abortive treatment of erysipelas. But the local symptoms, relief of the burning pain, limiting the extension of the disease, and thus preventing invasion of important organs, require prompt and constant attention. Dr. Daniel Lewis, *(Journ. Cutaneous and Venereal Diseases*, September, 1885) condemns the use of old lead and opium wash as a vile smelling and appearing preparation, and one which he believes to be very little more efficacious than plain cold water. He further believes that the solution of carbolic acid and oleic acid, in the proportion of 1 to 8, as proposed by Dr. Jacobi, has also the disadvantage of causing considerable irritation of the healthy skin, besides being extremely disagreeable to the patients. Dr. Lewis believes that the object to be aimed at is the use of some dressing which will combine compression of the part together with exclusion of air, and while collodion fills this indication, ordinary white-lead paint is in his opinion much more satisfactory. The method of employing this treatment is to paint the parts thoroughly with white-lead paint, dressing the wound, if there be any, by cotton-wool saturated with boro-glyceride. The pure white lead of the shops is likely to dry too slowly, and it is, therefore, advisable to add some "dryer" as in ordinary painting, which in no way changes the effect of the application.*

The paint should be thicker than for ordinary use; when desquamation begins it peels off readily, even when applied to the head. Dr. Lewis states that he has frequently employed this mode of treatment, and that it serves at once to relieve the burning pain; recovery often takes place with a single application. It is equally applicable to idiopathic and traumatic erysipelas, and even in hospital cases.—*Therapeutic Gazette.*

PHOSPHIDE OF ZINC IN DYSMENORRHŒA AND STERILITY.—In Matthew Duncan's lectures on Sterility in Women, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendance on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly, there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried. Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux in a recent number of the *Gazette des Hôpitaux*. Having found this medicine useful in many cases of dysmenorrhœa, and of amenorrhœa. Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia and neuralgia. He gives two granules of four milligrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult, that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective.—*Med. News.* September 5, 1885.

*The composition of this "dryer" is not generally known, as it is a patent preparation. It appears to be some kind of resin dissolved in linseed oil.

THE BEST DISINFECTANT FOR THE HANDS.—A thoroughly efficient disinfection of the physician's hands, remarks the *Therapeutic Gazette*, is more than a matter of personal cleanliness: it is an absolutely required, though often neglected, protection of his own person and the safety of his family, friends, and patients. There being no dissenting voice as to the necessity of this by no means irksome precaution, the only question that can arise in this respect is, What method of disinfection insures the greatest success? The present state of bacteriology must convince even the most sceptic and conservative physician that soap and water exercise not the slightest influence over the microbial organisms, and that the true antiseptic agents have to be resorted to.

Forster, of Amsterdam, made some special researches in this field (*Pharm. Centralblatte*, May 28, 1885) with the view of ascertaining the relative worth of carbolic acid, boric acid, chloride of zinc, and iron. He gained the conviction that the ordinarily used two and one-half per cent solution of carbolic acid, and even Billroth's plan to wash the hands in muriatic acid and ten per cent phenol in glycerine, were insufficient to sterilize the hands, that is, prevent microbic growth on them. The only procedure which Forster found absolutely reliable was the one recently recommended by Koch, of Berlin, which consists in a solution of corrosive sublimate having a strength of seven to fifteen grains to two pints of distilled water. The simplicity of the manœuvre and its unquestionable prophylactic power will go far to recommend Koch's wash to the American practitioner.

TIMELY WORDS.—The exigencies of practical teaching in our medical schools tend to hinder any marked attention to the individuality and common humanity of the patient. As a result, there is a rather wide-spread propensity on the part of students and junior practitioners, especially in hospitals, to

look upon the patient in hand, not as a sentient and suffering fellow-creature, but as a more or less interesting incarnation of disease.

In the course of a recent address, Prof. Osler made the following admirable plea for the recognition of the human element in all patients—a plea most opportunely addressed to an entering medical class: "In your dealings with patients, public or private, there is but one law to regulate your conduct: 'Whatsoever ye would that men should do unto you, even so do unto them.' Kindness of disposition and gentleness of manner are qualities essential in a practitioner. There is a tendency among young men about hospitals to study the cases, not the patients, and, in the interest which they take in the disease, to lose sight of the individual. Strive against this. Realize, so far as you can, that the mental state of the patient enters into his feelings, bear with his complainings, and scan gently his faults. The kindly word, the cheerful greeting, the sympathetic look, trivial as they may seem, help to brighten the paths of the poor sufferers, and are often as 'oil and wine' to the bruised spirits entrusted to our care."—*Medical News.*

MEDICAL NOTES.—In *chronic gastric catarrh*, a pill, as follows, was given by Prof. Da Costa:—

℞ Argenti nitrat., ... gr. ¼
Ext. belladonnæ, ... gr. 1-16
SIG.—Ter die. . . . . M

After passing a catheter, to relieve a man of *retention of urine*, Prof. Brinton gives, usually:

℞ Tinct. opii camph., ... ℥ ij
Quininæ sulph., ... gr. x. M.
SIG.—Take once, after operation.

Several times Prof. Da Costa ordered the following combination for *constipation*:—

℞ Ipecacuanhæ, ... gr. ¼
Rhei, ... gr. ij
Ext. colocynth. co., ... gr. j.
Ft. pil.
SIG.—At bedtime.

For a case of *hysteria*, Prof. Bartholow gave

℞ Mass. ferri carb., ... gr. v
Liq. potassii arsenitis, . . . gtt. ij
Mucilaginis, ... q. s. M.
SIG.—After meals. Also tinct. nucis vomicæ, gtt. x, before meals.

For a case of *flatulent dyspepsia*, Prof. Da Costa advised the following course of treatment:—Milk and under-done meats—nothing starchy—sacch. pepsin, gr. v, with meals, also a pill of

℞ Argent. oxid., ... gr. ¼
Ext. nucis vomic., ... gr. ⅙
Pulv. capsici, ... gr. ⅓
SIG.—Ter die

A pill of aloin, gr. 1-10, every night, for accompanying constipation.

Prof. Da. Costa, when advising the chloride of gold and sodium, for *interstitial nephritis*, at the hospital, at one of the recent clinics, told of a physician suffering from this disease to whom he recommended this remedy and who now declares that he is entirely cured.

Prof. Bartholow recommends the following *solution for hypodermatic use*:—

℞ Ergotinæ (aq. ex.), ... ℥j
Glycerini, ... ℥j
Aquæ dest., . . . ad . . . ℥ss.—M.
SIG. 8 minims = gr. j of ergotine.

Col. and Clin. Record.

ATONIC DYSPEPSIA. G. J. Preston, M.D., Professor of Practice of Medicine, Baltimore, finds that atonic dyspepsia is by far the most common form of indigestion met with at the Polyclinic. The alkaline treatment, even in cases where acidity was marked, was soon discarded as being only temporary. Sometimes the combination of a simple bitter, as tincture of columbo with soda bicarbonate, acts well for a time. Pepsin has proved of little value in adults, unless given in quantities larger than most dispensaries can afford, or than a patient will take.

The most generally useful drug is strychnia in the form of tincture nux vomica. This can be given in much larger doses than it is prescribed. For many of the cases the initial dose was gtt. x to xx. t. i. d. with as much acid hydrochlor. dil. This given before meals in cases where the normal acid is in excess, and after meals where it is deficient in quantity, is of inestimable service. It is by no means a new treatment, but after a careful and extensive experience with it, it has proved the most satisfactory. In some of these cases where, in addition to the ordinary symptoms, there is pain, a very good plan is to add to the above, m. i. to iii. of acid hydrocyanic dil. This drug seems to have peculiar sedative action upon the terminal nerves of the stomach, and will be found useful in various painful affections of this organ. Many of these cases improve rapidly on iron, and the best way to overcome the unpleasant effects which often prevent its use, is by combining gr. x. of pot. brom. with gtt. x. to xx. of the tincture of the chloride.—*Md. Med. Jour.*, Aug. 15th.

COCAINE IN SURGERY. Speaking of the various uses of this late valuable addition to our materia medica, Dr. Samuel Logan, writing in the *New Orleans Med. and Surg. Jour.* for September, says, that in relieving the suffering due to painful defecation from any cause, much distress may be averted by means of the oleate, simply applied on a pledget of absorbent cotton as far into the anal orifice as the special case may demand. He has thus used it with marked satisfaction in cases of painful piles and fissures—that is, so far as the relief of pain is concerned.

In many of the important operations in rectal and anal surgery, he has strong hopes that its proper use will enable us to dispense, in a very great measure, with the use of general anæsthetics.

A short time since he operated by internal urethrotomy on three urethral strictures, very old, and recently causing much urethral and vesical trouble. He first thoroughly cocainized the canal, by injecting into it three drachms of a four per cent. solution of cocaine, and after waiting fifteen minutes, throwing in an additional amount of water, and had the pleasure of seeing that his friend stood the cutting process with perfect indifference. He informed him that there was not the least pain, though the canal had been very sensitive to the passage of instruments.

It has been used in the operations of phimosis. It will answer better for the adult than for children, in this, as in many other operations.

In division of the contracted frenum a thorough application of the solution or the oleate on absorbent cotton, well pressed against each side, will be all that is necessary, while similar plans will answer for shipping off condylomata.

Preparatory to the cauterization for chancroids and chancres, the local application of a four per cent. solution, or of the oleate, may be made by means of a dossil of absorbent cotton arranged to extend a little beyond the margin of the sore and well pressed into its surface, the latter having been gently dried. The cotton may then be covered with a fragment of surgeons' rubber tissue, and the whole bandaged snugly and kept thus dressed for about five minutes.

Turning our attention next to urethral troubles, we find the agent useful in facilitating our diagnosis, as well as aiding us in reducing the terrors of the surgical treatment. In exploring, with any kind of instrument, the urethral meatus and canal, and in entering the bladder for diagnostic purposes, by way of this canal, we often find ourselves giving great pain, and we also find that these are just the subjects most liable to urethral fever as a result of such explorations This suffering can certainly be avoided or greatly mitigated by the use of cocaine. —*M d. and Surg. Reporter.*

CONSUMPTION AND LIFE INSURANCE.— Dr. Davis, of Cincinatti, in the *Lancet* and *Clinic* of that city, tells us that notwithstanding the care exercised by examiners, that $\frac{1}{8}$ of all deaths in the insured are from consumption, and that they live out less than one-fifth of their expectancy. As it is becoming better established that consumption is contagious, insurance companies will hereafter take measures to guard against applicants thus endangered. Sixty *per cent.* of all consumptives show heredity, direct or indirect. Mothers transmit the disease more frequently than fathers, at the rate of 135 to 100. Hence, if the applicant's mother were a consumptive, he is a worse risk than *vice versa*. There exists a universal unwillingness to acknowledgment of consumption in the family. So when the applicant says his father died of "cold" or his mother of "debility," the examiner should suspect these terms to means phthisis. Since consumption may exist that the most skilful investigator may not discover, consideration of the risk must be postponed should the applicant be suffering from the slightest cough, increased pulse rate or fever. Repeated disorders of digestion should engender suspicion, especially with any loss of weight. A rule among leading insurance companies is to reject an applicant who has had two near relations affected with consumption. The occupation must be carefully considered. The careful selection of lives by insurance companies have reduced their mortality to just one-half of that among the general population.—*St. Louis Med. & Surg. Journal.*

THE USE OF IODOL IN SURGICAL OPERATIONS.— Dr. Gaetano Mazzoni calls attention to a new chemical preparation, called Iodol. The substance is a powder of a yellow or grayish-brown color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform. The observations made upon its effects already exceed two hundred, and the results have been extremely favorable. The remedy may be used in powder, suspended in glycerine as an ointment, or in dilute solution of alcohol and glycerine, the substance being entirely insoluble in water. In venereal disease its effects have been excellent, as also in periadenitis. In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations. In indolent ulcers a similar beneficial influence was noted. On the other hand, the remedy is found useless and indeed, harmful in gangrene. Further, it is found to possess the power in a high degree of prompting healthy granulations, as is shown by its use in various forms of lupus and in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits. —*Berliner klin. Wochenschrift*, Oct. 26, 1885. *Med. News.*

CEREBRAL SURGERY.—In the *Lancet*, May, 1885, p. 881, Dr. W. Macewen records the notes of a man aged 36, who, in August, 1883, fell down stairs, and was rendered unconscious for twelve hours. In November, 1883, the patient was admitted into the Glasgow Royal Infirmary, with impairment of power in the left arm, accompanied by muscular twitchings and pricking sensations in some parts. A lesion was diagnosed in the motor corvex of the right ascending frontal convolution, probably due

to irritation set up around an extravasation of blood due to the previous injury.

In December the author trephined, and found a membrane-like patch over the surface of the brain, involving the arachnoid and pia mater along with the external surface of the gray matter, there was also blood effused into the substance of the brain in the ascending frontal convolution. All this was removed, the bone was replaced, after having been broken up into several small pieces, and the wound was dressed with eucalyptus gauze. The patient made a perfect recovery without a bad symptom, and two months afterward was able to do his ordinary work.—*London Med. Record.*

PARALDEHYDE IN PLACE OF CHLORAL.—A correspondent of the *Lancet* states he has used paraldehyde as a hypnotic in place of chloral, and prefers it to chloral for the following reasons:

1. There is no excitement preceding its hypnotic action.
2. It has no paralyzing effect on the heart.
3. It acts more quickly.
4. The sleep produced is more natural; it is dreamless and refreshing; the patient is easily aroused, and when left alone readily goes to sleep again.
5. There are no unpleasant symptoms; no confusion of ideas when the patient awakens; no head ache; no loss of appetite, even when the drug is long continued in large doses. The writer had used the drug about 150 times. The dose is from thirty to ninety minims, but the maximum dose is seldom needed to produce sleep. Smaller doses, repeated every hour, are preferable to large doses not so frequently repeated.—*Chicago Med. Times.*

PERIOSTITIS OF THE SPINE.—Dr. Budd, *Brit. Med. Jour.*, reports the following case. R. M., a gentleman of active habits, had been affected for the last nine months with symptoms of periostitis. The spine and the bones of the pelvis were the parts chiefly affected. When he consulted me, there was much tenderness on the spinous processes of the third and fourth dorsal vertabræ, and also on the sternum. He had also suffered from severe pains in his limbs and trunk generally, which the least motion aggravated; coughing, sneezing, or laughing produced agonies of pain in the back and ribs. The pains were greater at night. A few days before applying to me, a new symptom came on. He became affected with sudden attacks of tetanic spasms, which fixed his limbs and extended his trunk, throwing his head back. It was a sudden shock, which relaxed again instantly. He found that the best way to avoid their recurrence was to lie on his back, and remain perfectly still. On enquiring into his past history, he told me he had had a sore on his penis seven years previously, accompanied by bubo, which was followed by nodes on the shin-bone. He experienced salivation from the treatment pursued at that time. Feeling sure that his symptoms were a manifestation of the syphilitic virus, I ordered him a mixture containing five grains of iodide of potassium and five grains of Plummer's pill every night at bedtime. After taking these for a fortnight, he was greatly relieved in all his symptoms. The tetanic spasms had not returned since taking the medicine. A fortnight later, he was entirely relieved from his symptoms, and had gained strength and flesh. The next time I saw him, he expressed himself as perfectly cured.

ENTERO-COLITIS.—While the stools are yellow, homogeneous, and have a fæcal odor, Dr Louis Starr says alkalies and astringents are demanded, as.

℞ Sodii bicarb..... gr. xxxvj.
Syr. rhei. aromat..... ℥ ss.
Aq. menth. pip. q. s. ad.... ℥iij.
M. SIG.—One teaspoonful every three hours.

When the stools are green, acid, and numerous, alkalies with opium do best.

℞ Tinct. opii deod..... ♏ vi.
Bismuthi subcarb..... gr. lxxij.
Syrupi..... ℥ ss.
Mist. cretæ. q. s. ad..... ℥ iij.
M. SIG.—One teaspoonful every two or three hours.

In tedious cases, good results are at times obtained from minute doses of calomel, combined with opium and chalk.

Very frequent and serious stools require more powerful astringents.

℞ Acidi sulphurici aromat... ♏ xxiv.
Liquor Morphiæ sulphatis. ℥ j.
Elix. curacoæ..... ℥ ij.
Aquam q. s. ad..... ℥ iij.
M. SIG. One teaspoonful every three hours.

—*Med. Bulletin*, Aug

PNEUMONIA, HYPODERMIC INJECTIONS OF ETHER.—In adynamic pneumonia when there is considerable depression of strength and the ordinary means have been exhausted, while the patient is menaced by asphyxia, Dr. Barth injects hypodermically a Pravaz syringeful of sulphuric ether, repeating it a second, third, or even a fourth time in the day in bad cases. These injections render the cough easy and allow the bronchi to clear themselves. They may be inserted at the external side of the thighs, the back, or sides; and they give rise to a sharp burning sensation, which, however, soon subsides. Dr. Féreol employs these injections whenever he has to do with excessive debility consequent on hemorrhage, typhoid fever, etc. He regards them as a valuable means of restoring life to patients who are exhausted and threatened with speedy death. Dr. Moutard-Martin has used

them with success in the algidity and cramps of cholera.—(*Union Médicale*) *London Med. Times*, Aug. 8th.

Operation for Extensive Loss of Skin in the Arm, Joseph Bell.—In 1883, N. L., during a very severe attack of phlegmonous erysipelas, lost the greater part of the skin of the inside of his right arm, from the posterior fold of the axilla down to within three inches of the wrist-joint. He came under my care with the view of having an amputation performed at or near the shoulder-joint. After months of treatment, however, by skin grafting, rest, etc., cicatrization had progressed, till only a wound about 3½ inches long by 1 broad remained inside of elbow-joint. This refused to heal any further, a dense cicatrix ringed in the arm for about three inches of its length, and the tissues around were constantly reopening. He again was admitted in June, 1885, requesting amputation. I thought it a pity to sacrifice a good hand, so determined to shorten the limb. This I did by cutting down upon the humerus three inches above the elbow-joint behind, and removing subperiosteally the whole lower three inches, including the condyles and cartilage, and also the olecranon. He has now a useful arm with full flexion, extension, pronation, and supination, shortened barely two inches, and healed.—*Edinburgh Medical Journal*, Sept.

A Strong Argument in Favor of Vaccination.—Among the many queries which the present extensive revival of vaccination has raised, is the one relating to the effect of vaccination upon one who has already had small-pox or varioloid. We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three such cases having came under notice. Upon inquiring of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured us without hesitation that after small-pox vaccination will take always, and in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where unvaccinated individuals had had the disease two or three times. This information is therefore of great importance, for most people who have had small-pox, feel that they are sealed with an immunity greater than a life-time of continued vaccination could purchase for them. *Med. Record.*

The Treatment of Night Sweats.—I send herewith a prescription for night sweats, which I have used for many years and found to be very efficient. It is very rare that more than three pills in the twenty-four hours are necessary to promptly stop the trouble; and, notwithstanding the fact that these pills are directed only for the relief of a disagreeable symptom, many patients suffering from phthisis declare that they are of real benefit in aiding a case of the disease, and continue to persist in their use long after night sweats have ceased.

This prescription I have found very efficient, also, in relieving the nervous prostration that is so often seen in those who drink alcoholic liquors to excess:

R.—Oxide of zinc, ...	gr.	12
Pyrogallic acid, ...	gr.	24
Sulphate of atropia, ...	gr.	1-24
Extract of lupulin, ...	gr.	48

Mix.—Make 24 pills and silver coat.—Dose, one pill three times a day, soon after meals.

—Dr. Smith, in *Gaillard's Medical Journal.*

Styptic or Hæmostatic Ether.—Dr. B. Ward Richardson gives us an ether which, while checking hæmorrhage by cold, overcomes the subsequent relaxation of the vessels by its constringing action. He has had prepared a solution of absolute ether, having a boiling point of 95° Fah., charged to saturation at a low temperature with tannin, and afterwards treated with collodion, a little short of saturation. The compound ran easily through the spray tube without blocking; it produced good local anæsthesia, and it possessed an agreeable odor. He tested it in a few drachms of blood which had been deprived of its fibrin by whipping, and then left for two days exposed to the air until it underwent partial decomposition. The blood was placed in a saucer at the temperature of the body, the spray made to play upon it, and in five seconds the whole mass of blood was so thoroughly solidified that the saucer could be turned upside down without any escape of fluid. The blood was also deodorized, and remained inodorless for ten days.

When styptic spray is directed on an open bleeding, living surface, the primary effects are those produced by the cold—namely, the condensation and whitening of the tissues. If blood be flowing, it solidifies, and when the parts relax, new blood that may ooze up enters the solid blood as though it were a sponge, the coagulation soon stopping further flow.

The elements of this process are three in number:

1. The immediate constringent effects of cold on the blood-vessels.

2. The styptic action of the solution on the fibrin and albumen of the blood.

3. The extreme mechanical fineness of distribution of the fluid on the bleeding surface.

Styptic ether can also be applied to the hæmorrhagic surface after the extraction of a tooth, for hæmorrhage from cancerous disease of the uterus or other cause; and in cases of hæmorrhage from piles.—*The Asclepiad*, July, 1885.

GALVANO-PUNCTURE IN PELVIC HEMATOCELE.—M. Apostoli strongly recommends the use of the galvano-puncture in peri-uterine hematocele (*Lancet*). The instrument he uses is a trocar of medium size connected with the negative pole of a battery, the other electrode being of considerable size and applied to the back or thigh. Care must, of course, be taken to avoid wounding the uterus, intestine, or any important blood vessel. A large dose, even as much as 100 milliampères, should be given, the resulting slough and fistula being proportioned to the current employed. As to the duration of the galvano-puncture, five or six minutes is usually sufficient, but should be regulated by the loss of substance and chemical action which it seems desirable to produce. M. Apostoli thinks that all peri-uterine hematoceles should be treated in this way, and that the earlier the operation is performed the better. Antisepsis should be carried out as far as possible, first by heating the trocar prior to puncturing, and afterwards by carbolic acid injections into the sac twice a day. —*Medical Review.*

BELLADONNA AND IODIDE OF POTASSIUM. —The fact that belladonna produces dryness of the throat, nose and mouth has induced Dr. Aubut to try it rather empirically to combat certain disagreeable effects of iodide of potash, and he has published his results in the *Lyon Medical.* In three cases of naso-pharyngeal intolerance of the iodide, a mixture of belladonna with iodide of potassium has given good results. He had also the same success in a young man suffering from acute iodism, in whom he made this symptom disappear by preceding the administration of iodide of potassium by the extract of belladonna. The dose was two pills of five centigrams each, of the extract per day, one in the morning and the other at night. In one of the cases he was able to suspend the use of belladonna after some days, continuing the administration of iodide of potassium alone, without producing any intolerance.—*Cin. Lancet and Clinic.*

HYPODERMIC USE OF OILS.—In cases of obstinate constipation, Dr. J. V. Shoemaker frequently uses castor oil hypodermically. A drachm or two of castor-oil, mixed with an equal quantity of oil of sweet almonds, in order to obtain the required fluidity, is injected, and produces a satisfactory evacuation in about an hour. But the most useful application of oil hypodermically is in diseases of the digestive organs, when nourishment cannot be taken in the natural way, and in tuberculosis, scrofula, and all forms of defective nutrition cod-liver or olive oil should be used in doses of about two drachms, two or three times a day. The nutrition and general tone of the system will improve wonderfully. When the oil is given every two hours it will sustain the system without other food. The treatment of many obstinate skin affections is greatly aided by the hypodermic use of cod-liver oil. No abscesses follow the injections. A large hypodermic syringe, with a capacity of from two to eight drachms should be used, and portions of the body well supplied with cellular tissue, as the superior and inferior scapular and sacral regions, should be selected. Injections can also be made in the arms, thighs, back, or abdomen. Doses of one-half ounce have been administered without causing inflammation of the skin or producing any unfavorable effects.—*Med. World,* Sept.

SUSPENSION OF THE CARBOLIC SPRAY IN GENERAL SURGERY.—Professor Chiene, the pillar of the carbolic "spray" system among Edinburgh surgeons, has formally announced his intention of tentatively relinquishing the use of that instrument in his wards in the Royal Infirmary, for a term of six months. Irrigation with corrosive sublimate solution is to replace the older method. Many reasons have doubtless led to the abandonment of Mr. Chiene's long-prized vantage ground, but that which appears most present to the mind of this distinguished teacher of surgery is the curious fact that, though in season and out of season he has been the bold apostle of the spray, comparatively few of his students have seen their way to adopt it in the practice of their profession outside the hospital walls. This admission suggests interesting and curious comment, both on the quality of the seed and the character of the ground on which it has been sown, but from this we forbear. Edinburgh graduates are not likely to allow that the sower is to blame.—*Cin. Lancet and Gazette.*

ACUTE CORYZA.—Dr. S. S. Cohen recommends, as a specific against acute coryza, the 1-120th of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipiency of the disease. Afterwards to relieve the unpleasant symptoms of dryness he has given 1-16th of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains repeated every two hours until *tinnitus aurium* is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act.—*Phila. Med. Times,* Aug. 8th.

CHRONIC DIARRHŒA.—In the *Brit. Med. Journal* August 22, Dr. J. Vose Solomen says that he is sometimes consulted by females of nervours temperament, on account of chronic diarrhœa, of

several years' standing, and which has hitherto resisted medical treatment. As many as six or eight stools have been reported as passed daily. When failing to discover organic abdominal disease, the following formula has produced considerable mitigation, and sometimes a perfect relief to the symptoms. He is inclined to think the disorder is a neurosis:

R.	Acidi nitrici diluti,	ss.
	Liquoris opii sedativi (Battley),	ʒj.
	Tincturæ gentianæ,	℥ss.
	Infusi gentianæ,	ʒivss.
	Aquam menthæ piperitæ fort. ad.,	ʒviij.

One ounce to be taken three times a day.
Med. and Surg. Reporter.

Perforating Ulcer of the Hand.—At a recent meeting of the Surgical Society of Paris, M. Terrillon (*Revue Médicale*, June 13, 1885), presented a patient, aged twenty-six, who had on both hands ulcerations surrounded with thickened epidermis resembling exactly perforating ulcer of the foot. The lesions were surrounded with an anæsthetic zone. There could be no doubt of their origin from a central nervous lesion, and the patient also had other symptoms pointing unmistakably to locomotor ataxia. M. Terrillon had also presented a similar case at a previous meeting. M Trélat recalled an observation previously made by him, of the relation between perforating ulcer and central nervous lesion, and stated that he had seen the ulcers upon both hands and feet in the same subject who was ataxic.—*N. Y. Med. Record*, Aug. 15th.

Cutaneous Anodyne.—Dr. R. G. Couch, of Richmond, Va., recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces, whether the skin is broken or not. He has used it with invariable success, and it has now become a popular application with the people as well as the doctors of this city:

R.	Sodæ biborat.	ʒj
	Acid. carbol.	gtt. xv
	Glycerin	℥j.—M.

Sig. — Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.—*Virginia Med. Monthly.*

Lemons in Bright's Disease.—Before the Medical Society of Otsego County, this subject was discussed. It was shown that patients who have the symptoms of the disease strongly marked, not only in many instances live for a long time, but make an apparent recovery. Dr. H. W. Brown cited the case of a man who had, as he thought, all symptoms of the disease last autumn, his urine under heat showing that it consisted almost wholly of albumen. This patient having a desire to eat lemons, began eating them to an extravagant extent, eating as many as six or eight a day. At the present time he is about his business as a small peddler, and his urine examined this day shows no albumen whatever.—*Medical and Surgical Reporter.*

Treatment of Erysipelas.—Prof. Da Costa gave the following modes of treatment in *erysipelas*, and said: To modify a case there are several plans of treatment, to wit: 1. The old, but still useful method of purging by diaphoretics and diuretics. 2. Quinine, grs. xii-xvi. in twenty-four hours, is of much value. 3. Tr. ferri chloridi, in large doses, ♏xx, every three or four hours. This is an admirable plan. 4. Pilocarpine—inject gr. $\frac{1}{6}$–$\frac{1}{4}$ under skin—great success followed the use of this remedy in several cases in which it was tried during the session. The fluid extract of jaborandi may be used when pilocarpine cannot be obtained. In the cases with delirium, stimulate freely.—*Col. and Clin. Record.*

A New Hæmostatic Agent.—Dr. Spaak (*Journal Med. de Bruxelles*), claims for the following simple solution, excellent, not to say fabulous results. Chloroform, 2 parts, water, 100 parts. He says that he has used this hæmostatic liquid for several months and attributes to it the following great advantages: 1. It acts with truly wonderful rapidity. 2. It possesses no escharotic action. 3. It is to be had everywhere, and may be prepared instantaneously. 4. It costs very little. 5. It possesses no disagreeable effects, and does not hinder a surgeon in his operations.

Prof. Laskowski, of the University of Geneva, who is probably the most successful embalmer in Europe, is reported in the *Lancet* to use an injecting liquid consisting of a mixture of carbolic acid, chloride of zinc, and corrosive sublimate, with the addition of an odoriferous essence. This solution is as clear as crystal, and pleasant to smell. A body skillfully treated by Dr. Laskowski's method assumes "the natural and agreeable expression" it bore immediately after death, and the skin becomes firm and as white as Carrara marble.—*Boston Med. and Surg. Journal.*

How to Blister Quickly.—Put a few drops of the concentrated water of ammonia (aqua ammoniæ fort.) in a watch-glass, butter-dish, shallow cup, or other article of like nature, and cover with a pledget of cotton. This inverted and pressed closely to the spot to be blistered, will accomplish this object in from 30 to 60 seconds. It should afterwards be treated as if produced by cantharides.—*Southern Clinic.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

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TORONTO, DECEMBER, 1885.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

ALCOHOL AS MEDICINE.

Alcohol, although the first and oldest of all medicinal agents, and, in some respects, best known, is still an enigma in the science of therapeutics. While other powerful narcotics, stimulant and sedative, have been assigned their places with some degree of definiteness, alcohol may be compared to a weathercock, ever changing its position according to the "wind of doctrine," which, for the time, blows hardest. This is chiefly to be accounted for by the many-sidedness of this agent. In its case it is difficult to dissociate therapeutics and morals. Contemplating the horrible evils consequent upon the excessive use of alcoholic stimulants as a beverage, the moralist, though a physician, may easily come to regard alcohol as only an evil, and that "continually." On the other hand, the physician who, viewing the subject from a totally different standpoint, may, as easily, come to regard it as of universal benefit, both in health and disease. And, thus it comes to pass that, as relates to this agent, the medical profession is divided into three distinct parties. At one of the poles we find the doctor of "many drams but few scruples"; at the other end the doctor of many scruples but no drams; and, between the two, the doctor of the golden mean, who, while deploring the evils of intemperance, still proclaims his belief in alcohol as a remedial agent.

The history of alcohol shows it to have been at all times intimately interwoven with the life of mankind, as drink and medicine. At all times, but more especially in modern times, it has entered largely into the social life of civilized nations. It should never be forgotten that alcohol is not an unmixed good, but alas! a great evil. Hence, at the very threshold of our enquiries regarding it as a therapeutic agent, we are beset with many difficulties. Some use it habitually in moderation, some to excess, and some do not use it at all. Uniformity of dose and action under these varied conditions is manifestly out of the question. The moral aspect of the question, also, at once suggests itself. The life lying before is no less important than the present. In seeking to overcome a present evil we must endeavor not to burden the future with a greater evil. Alcohol is like a two-edged sword; it can cut both ways. A weapon so sharp and powerful needs cautious and skilful handling. Another difficulty encountered, is the number of combinations in which alcohol is presented to us for medicinal use. We have wines, malt liquors, and ardent spirits in endless variety, all differing in strength, not merely as relates to separate classes, but the varieties composing each class as well. This fact suggests two questions. First, the place of each in disease; and, secondly, the dose. Manifestly, the answer can be but little better than a guess. This remark receives additional force from the fact that we cannot know the strength of the article prescribed. Originally varying and uncertain, modern devices have made it still more an uncertain quantity.

No question in therapeutics is so hampered by the influences of habit and prejudice. In considering the place of alcohol it is hard for the average physician to divest himself of all preconceived notions and opinions, and to conduct his investigations with strict impartiality. The abstract scientist may, but the average doctor shares largely the frailties, habits, and prejudices common to other men. The "brandy" doctor was more a character of the past than the present. Still, he is with us. He is not open to conviction. He is impatient of argument, and dogmatic in belief. He formed his opinions long since, and is not to be driven about by newfangled ideas, started by diving chemists and over-zealous moralists. He is thoroughly convinced of the universal healing properties of brandy, and by it he will stand or fall. All thinking men will admit that the presence of such a person is a

potent factor in the promotion of drunkenness. In like manner may be traced the history and mental bias of the physician who denies altogether the benefits usually ascribed to alcohol. His opinions will generally be found based on sentiment rather than accurate scientific investigation. He is more inclined to bend science to his opinions than his opinions to science. The opponents of alcohol as a therapeutic agent are not, however, without benefit to society. They present the question in striking contrast, and so aid in impressing society with the evils of excessive drinking.

It is scarcely necessary to argue with either of the extremists in this controversy. Still, an occasional review of this question is essential to watchfulness and the avoidance of extremes. We cannot escape the frequent consideration of an agent so powerful for good and evil, filling so large a space, not only as a medicine, but also as a beverage. According to the present state of knowledge, supported by the daily experience of thousands of acute observers, there can be no doubt of the value of alcohol in certain diseased conditions. True, the range of application is not nearly so wide as formerly believed, and yet believed by many who refuse to read the evidence. Yet, within certain limitations, alcohol has undoubted benefits.

We have long felt the necessity for a radical change in the mode of administering alcohol. It is, therefore, with pleasure that we recently noticed expressions in different influential quarters, in support of such a view. The first objection to any, and all the standard combinations is, that they are most likely known to the patient, and it may be to the use of which he is, or has been addicted. To give such a patient his old favorite drink, would be, almost infallibly, to fire up the old appetite. But there is also a scientific reason for such a change. We do not generally prescribe wine, beer, whiskey or brandy, as such. It is the alcohol we are after, and hence select the menstruum much as we wish a slight, for more powerful stimulant, determined also, not unfrequently, by the taste of the patient, to which, as already stated, it may not be prudent to cater. As a matter of fact we cannot, even approximately, regulate the degree of stimulation desired by any of the common liquors, owing to the want of uniformity in the quantity of alcohol contained. These and other facts which might be named, are cogent arguments in favor of the use of simple alcohol, diluted and disguised according to taste and fancy. In this way we can prescribe this agent with the same definiteness of dose as opium or any other medicine. Dr. Norman Kerr, of London, Eng., tells us that he has followed this method for over twenty-five years. His favorite combination is, compound tincture of cardamom, aromatic spirit of ammonia, with a little of the spirit of chloroform. This combination may be varied both by addition and substraction, as circumstances require. This mode of prescribing alcohol has the additional recommendation of cheapness, a no small consideration in many cases. The annual liquor bill of hospitals and other charitable institutions would be greatly reduced by the adoption of this method, against which there can be no scientific or other valid objection.

TRAINED NURSES.

In an article in a recent number of the Louisville *Medical News*, the writer alludes to the importance and value of thoroughly trained nurses in the sick room. The writer also refers to the workings of the training schools for nurses attached to the New York Hospitals, and the rapid progress made by them since their foundation eight years ago. He also shows that since their establishment the death rate in the hospitals has fallen very considerably. At Charity Hospital on Blackwell's Island, the first year after their inauguration, the death-rate fell thirty per cent. "The proper place for the education of nurses is undoubtedly in the wards of our hospitals. Here they are brought in contact with all kinds of disease, and here they can obtain such knowledge as is necessary to the proper performance of their functions in the sick-room. They should receive rudimentary instruction in anatomy, physiology, hygiene and preventive medicine, and it would perhaps be wise to teach them the doses of drugs, their physiological and toxicological effects, and the antidotes for poisons The application of the bandage and the uses of the thermometer and catheter are necessary accomplishments. By some one trained in the art of cooking, they should be taught to prepare the articles of diet required by the sick. To acquire this knowledge is needed only close observation, quick perception, and a sufficient amount of practical every-day experience."

The physician in charge of a serious case of ill-

ness should always have some one in constant attendance who can become responsible for the care of the patient during his absence, and to whom he can give the proper directions, feeling sure that they will be carried out to the letter. It is evident that a member of the family is not the proper person for such a trust; since anxiety, timidity, and the entreaties of the patient may warp the judgment. The value of a well-trained nurse can not be overestimated, being second only to that of the physician. A circumstance is related as having occurred in one of the New York hospitals, which goes far to prove this assertion. A patient operated upon soon after began to bleed from one of the larger vessels in the neck. In a few seconds, even before the house surgeon could have reached him, he would have been dead. With rare presence of mind, the nurse thrust her fingers into the wound, compressed the bleeding vessel, and saved the patient's life. Of course, none but a person trained for such emergencies would have thought of this.

Besides providing for the public poor, efficient nurses, and for the community the opportunity of obtaining competent help in the sick-room, the scheme opens an honorable and most useful avocation for woman, and one that in time will become remunerative to those who pursue it. That it is considered respectable is shown by the fact that there has been no lack of applicants for the position from among all classes of the community. The calling should, and will rank as a profession second only to that of the physician.

Much good work in this relation has already been done in our own hospital in this city. Well trained nurses are being provided as rapidly as the opportunities will permit, so that physicians can be supplied almost at a moment's notice with a trained nurse competent to undertake any case either medical or surgical. This is a most gratifying circumstance to the profession, and one for which they have to thank the worthy Medical Superintendent and Trustees of the Toronto G neral Hospital, and those who have aided in th instruction and qualification of the nurses.

ANNUAL MEDICAL BANQUETS.

The annual banquets of the students of the m dical schools of this city were held on the evenin of the 24th and 26th ult., respectively. The dinner of the students of the Toronto School of Medicine was the first to take place and was largely attended. The chair was occupied by Mr. Peaker. In his opening address he alluded to the success of the school and the high standing the students had taken both at home and abroad, and stated that there were 225 students enrolled on the books. He then proposed the toast of "The Queen," which was duly honored. The toast of the "Universities and Colleges" was responded to by Rev Dr. Castle, of McMaster Hall, Rev. Father Teefy of St. Michael's, and Mr. Baker of University College.

Dr. Castle insisted upon the importance of broad and generous scholarship as opposed to one-sided education. The universities and colleges were conservators of education. The noblest adornment of any country was its wealth of education. The most material wealth was what appeared most immaterial. The best preparation for any profession was a thorough training given in the arts course. If there was any danger, it was that of turning the arts courses into semi-professional, under the plea that they are the honour courses. The honour ought to be for excellence in all the courses. Rev. Father Teefy said that the students should think first of their country and next of their university. He spoke of the necessity of wise and prudent words and moderate councils, especially in great cities. Mr. Baker said he hoped the recent changes in the regulations for matriculation would increase the number of medical students of the University.

The Mayor responded for the city, and said he was happy to be able to express his opinion that the students had nothing to do with the recent outrage.

"The Sister Institutions" was responded to by Dr. Fulton and Mr. McEdward for Trinity, Mr. Worthington for McGill, Mr. Cregan for the Royal, of Kingston, and Mr. Balfour for the Western, of London. Dr. Fulton's theme was the necessity for a uniform standard of matriculation; there were too many varying standards. He congratulated the students on the excellent opportunity which the hospital afforded for clinical instruction.

"Our Faculty" was responded to by Drs. Richardson and Graham. Dr. Richardson pleaded for State aid in the study of the organisms to which

so many diseases have been traced. The French Government gave great aid to Pasteur in his researches. In the matter of vaccine virus, Canadian doctors had to depend upon the United States for their supply. Dr. Graham's topic was the kindred one of private aid and the endowment of medical schools.

Mr. Eadie, one of the Vice-Chairmen, proposed "The graduates and the graduating class," and elicited speeches from Dr. Pickard and Mr. W. C. Heggie.

"The Hospital" was responded to by Dr. O'Reilly; "Sister Professions," by Mr. W. F. Maclean, and Mr. Lockie; "The Freshmen," by Mr. Geo. Watson. The toast of "The Ladies" was duly honoured, and the gathering dispersed. Songs by the students varied and enlivened the proceedings.

The annual banquet of the Trinity Medical School surpassed in every respect, the eight preceding annual gatherings of a similar nature, that have marked the progressive career of this institution. Between two and three hundred professors, students, and guests were present. At the head of the dining hall which was gaily decorated with flags and banners, were suspended the portraits of Dr. Rolph, "the father of medical education in Canada," and Dr. Hodder, the first dean of Trinity Medical School.

Mr. Lapp, a fourth year student, presided. After doing justice to the good things provided, toast, song, and sentiment became the order of the evening. After the usual loyal toasts, came the toast of the Dominion and Local Legislature, coupled with the names of Hon. T. W. Anglin, and H. E. Clarke, M. P. P. The latter made a humorous semi-political speech in opposition to the present Ontario Government, for which he was taken to task by the Hon. Mr. Anglin, who said that the Government had shown its wisdom in keeping Mr. Clarke's party in the position they now occupied.

The "Army and Navy" was responded to by Lieut.-Cols. Otter and Grasett.

The Mayor in responding to the "Mayor and Corporation," assured the students, to their evident gratification, that so long as they did not carry their pranks too far, he would "stand by them." It was evident, he said, from the fact that the toasts were being honored in water instead of wine, that the students were aware of the successful efforts that had been made to give the citizens pure lake water.

His Grace, Archbishop Lynch, responded to the "Learned Professions." His Grace expressed pleasure at being present and said the medical profession was the most important of the learned professions. He would like to put his own first because they took care of the souls, but a soul was a very poor thing without a body. Physicians were called upon for more acts of charity than the members of any other profession. He thanked them and wished them every prosperity in their profession. Dr. McMichael, Mr. Osler, and Dr. Canniff also responded to this toast.

"Universities with which we are affiliated and Sister Institutions" was coupled with the names of Prof. Clark, Trinity College; Rev. D. J. Macdonnell, on behalf of Queen's University; Mr. J. J. Maclaren, Q.C., on behalf of Victoria College; Dr. Richardson and Dr. Graham, of Toronto School of Medicine; Mr. Jones, representing the students of the same school; Mr. McGannon, of McGill Medical School; Mr. Dixon, Kingston Medical School, and Mr. Wilson, London Medical School.

Dr. Geikie, in reply to the toast of "Trinity Medical School, its graduates and under-graduates," referred to the speech of Hon. Edward Blake in Scotland, reported a few days ago, in which the Chancellor of the Toronto University had referred to the great progress being made in Canada. If such matters as Mr. Blake referred to could be pointed out with pride by every true Canadian, the great progress made in medical education in this country could also be pointed to with pride. He also referred to the great advances in this branch made in Canada during the past twenty-five years.

Dr. Stark, of Hamilton, responded to the toast in behalf of the graduates, and Mr. Honsberger in behalf of the under-graduates.

Dr. O'Reilly responded to the toast of the "Toronto General Hospital;" Dr. Fulton, for the "Press," and Dr. Bingham for the "Ladies." Some excellent songs were rendered by the students during the evening.

ONTARIO MEDICAL ACT AMENDMENTS. -A meeting of the profession in the territorial division of Midland and York, was held in Toronto on the 16th ult., to consider the proposed amendments to the Ontario Medical Act and to frame a tariff for the division. The following amendments were agreed upon: 1st. That colleges and universities that neither teach nor confer degrees in medicine, shall not be entitled to representation on the council. 2nd. That all actions brought against medical men for malpractice must be instituted within one year from the date of such alleged malpractice. 3rd. That the clauses in the British Medical and Dental Acts, relating to the power of suspending or erasing the names of licentiates from the register, guilty of infamous or disgraceful conduct from a professional point of view, be incorporated in the proposed measure. The remaining clauses relating to the question of security for costs in suits for damages, the proper payment of medical witnesses, and the appointment of a taxing officer, were, on the recommendation of the Solicitor, passed over. The consideration of the tariff was postponed for future consideration.

ROGERS' GROUPS OF STATUARY.—The latest accession to these celebrated groups by this well-known artist is shown in the cut, and is entitled "King Lear and Cordelia." It is taken from Shakespeare, and represents a scene in King Lear. The king has banished his daughter Cordelia and divided his kingdom between his other two daughters, but their ingratitude and ill-treatment have driven him crazy. He is represented on a couch, and behind him stands his old friend Kent, disguised as a servant, and the doctor. His daughter Cordelia, who loves him dearly in spite of his former harsh treatment, tries to recall herself to his wandering mind. We need not say that the group is in the artist's best style of art and must be seen to be fully appreciated. This, or indeed any of the groups in the catalogue would be a most suitable Christmas or wedding present. See cut of King Lear and Cordelia," among the advertising pages.

LACTIC ACID IN TUBERCULAR LARYNGITIS. The application of a ten per cent. solution of lactic acid to the ulceration and swelling of the larynx caused by tuberculous deposit has been attended with very beneficial results at the hands of physicians in Germany and elsewhere. The strength of the solution may be gradually increased to eighty per cent. A number of cases are reported in which the ulceration was completely cured by these applications, notwithstanding the presence of tubercle-bacilli. In view of the unfavorable course which such cases generally pursue and the failure of all other treatment, this is a decided step in advance. Lactic acid may also be found useful in other disorders of the throat.

BILLROTH'S VIEWS ON ANTISEPTICS.- -Billroth writes the following on antiseptics: 1. Iodoform is the safest and most effective of all manageable antiseptics. 2. Moss, wool, turf, mould, and oakum are useful when there are discharges from the wound. 3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning. 4. Carbolic acid, which is known to be dangerous in strong solutions, is, in very weak ones, as good for wound irrigation as clean water, but probably no better.

WARBURG'S TINCTURE.—The following is said to be Dr. Warburg's own formula, first published in 1875:

℞.	Socotrine aloes	lb. 1
	Rhubarb (East Indian)	oz. 4
	Angelica seed	" 4
	Confect. of damocratis	" 4
	Saffron	" 2
	Fennel seed	" 2
	Prepared chalk	" 2
	Gentian	" 1
	Zedoaria	" 1
	Cubebs	" 1
	Myrrh	" 1
	Camphor	" 1
	White agaric	" 1

Mix.

These ingredients are to be digested with 500 ounces of proof spirit in a water-bath for twelve hours, then expressed, and ten ounces of quinine sulphate added, the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor when cool is to be filtered, and is then fit for use.

THE CALOMEL TREATMENT OF PNEUMONIA. — There have appeared of late many favorable reports regarding the treatment of pneumonia by

the use of calomel in fractional doses. The usual dose advised is from one-fifteenth to one-twentieth of a grain every hour. We think there is no doubt as to the good effect of calomel in cases of high temperature, dry tongue, hot, dry surface and delirium. When continued in these cases for forty-eight hours or less, the tongue usually becomes moist, the skin damp, the depression is markedly less, and the temperature is lowered.

INOCULATION FOR HYDROPHOBIA.—It is said to be a settled fact that inoculation is a safe preventive of hydrophobia. If it be true, M. Pasteur, who produced the attenuated rabic virus, is justly entitled to all the credit. Pasteurs' inoculations can be applied to all the dogs allowed to live, and hence there would be little danger of the human being. When this inoculation has been demonstrated to be a sure preventive, laws, such as are now in force regarding bovine-virus vaccination in the human subject, will be enacted, requiring the inoculation of dogs and other animals.

MCGILL MEDICAL COLLEGE—NEW WING.—The opening of the new wing of McGill Medical College took place on the 22nd of October, and was a most successful affair. Prof. Pepper, of Philadelphia, delivered an able an eloquent address on the occasion. He dwelt on the benefits of higher medical education, and the more complete endorsement of the better class of medical schools. Prof. Osler also gave a short address, which was enthusiastically received by his old students. A grand banquet was given by the Faculty in the evening at the Windsor Hotel. A description of the new wing appeared in our advertising pages in the August and September numbers.

CARBOLATE OF IODINE INHALANT.—The following is said to be similar to Cutler's:

℞	Tinct. iodini co. . .	minims	180
	Acid, carbolic, No. 1 .	"	48
	Glycerin	fl. dr.	1
	Water	fl. dr.	5

Mix and expose to the sunlight until the mixture is entirely colorless.

The proportion of carbolic acid and tincture of iodine may be largely increased without a corresponding addition of glycerine.

ERGOT FOR HICCOUGH.—A correspondent in the *Lancet* calls attention to a new use for an old remedy. A policeman had hiccough which resisted all the ordinary means of relief, and he was passing into collapse, when drachm doses of liquid extract of ergot were ordered, with complete relief. Only three or four doses were required. After a period of rest the hiccough returned, but was again stopped by the ergot, and did not re-appear.

VINEGAR IN DIABETES.—A correspondent in the *Physician and Surgeon*, has recently used vinegar successfully in the treatment of diabetes. The patient was put upon anti-diabetic diet, and one-third of a glass of vinegar diluted with water was given daily. The urine was free of sugar within a week. At the end of two months' time there was no return of the disease.

ADMINISTRATION OF IODINE AND ITS SALTS.—In prescribing iodine and its salts it should always be borne in mind that they are to be administered on an empty stomach, as the presence of starch and acids modifying or decomposing the preparations of iodine would reduce or prevent their effect. This is not generally known or observed, but is an important fact which should not be lost sight of.

APPOINTMENTS. Dr. W. G. Johnston has been appointed pathologist to the Montreal General Hospital; Dr. J. B. Saunders has been appointed Prof. of Botany in Bishop's Medical College, Montreal; Dr. McNeece has been appointed assistant medical health officer for Montreal; Dr. J. J. Gardner has been appointed physician to the Protestant small-pox hospital in Montreal.

TORONTO UNIVERSITY EXAMINERS.—The following gentlemen have been appointed examiners in this university, on the following subjects:—Dr. Geo. A. Tye, of Chatham, Physiology and Histology; Dr. D. B. Fraser, of Stratford, Anatomy; Drs. Graham and Grasett, Toronto, Clinical Medicine, and Surgery, respectively. The remaining examiners are the same as last year.

COCAINE IN FISSURED NIPPLES.—This remedy so useful in a variety of cases has been found of great service in this painful affection. The four per cent. solution is applied with a camel's hair pencil. Anæsthesia is produced in about five minutes, and the child may be permitted to nurse without pain or distress to the mother.

VALUE OF EUCALYPTUS.—A writer in *Pacific Med. and Surg. Journal* says of the effects of the fluid extract of eucalyptus globulus, after an experience of eight months in its use in the Marine Hospital, that he regards it as a diuretic of rare virtue, capable of being administered when other diuretics in common use are inadmissible. It is an aromatic tonic, and has notable restorative effects in low states of the system, as typhoid fever, typhoid diarrhœa, and dysentery. In vesical catarrh its action is very valuable. As an external application in chronic ulcers it has great value.

SOLUTION OF BROMIDE OF ARSENIC.—The following is known as Gillford's solution of bromide of arsenic so highly spoken of in the treatment of diabetes mellitus, epilepsy, etc.:

℞	Acid, arsenios		
	Pot carb.	*aa* . .	ʒj
	Bromine		f ʒij
	Aquæ	*ad* . .	℥xx M.

The arsenious acid and potassium carbonate are dissolved in four ounces of water by the aid of heat, and when cold, the solution is made up to twenty ounces and the bromine is then added. The dose is from ten to twelve drops after each meal.

DIPHTHERITIC SORE THROAT.—The following has been found a useful application for the relief of diphtheritic sore throat:

℞. Tr. iodinii,
Tr. ferri sesquichloridi. . . . . *aa* ʒj;
Glycerini. . . . . ʒ ss.—M.

SIG.—Apply with a camel's hair pencil four or five times a day.

REMOVALS.—Dr. N. A. Powell, of Edgar, Ont., will remove into this city on or about the first of January, 1886. Drs. Pattullo, of Brampton, McMahon, of Fergus, and Ghent, of Priceville, have recently removed to this city. We heartily welcome these gentlemen to the great metropolis.

ELVIC ANODYNES.—Dr. Alfred Meadows (*British Medical Journal*): 1. A vaginal pessary of cocoa for ovarian pain, neuralgic or inflammatory. 2. Bromide of potassium, in ovarian menorrhagia, limits the flow, and increases the length of the menstrual interval.

CASTOR OIL MIXTURE. The following is a most palatable form in which to administer castor oil:

℞	Ol. Ricini		℥j
	Glycerini		℥ij
	Spts. Lavender Co. .		
	Aq. Cinnam. . .	*aa*	ʒss—M.

QUININE AND TANNIC ACID.—One and a half grains of tannin will neutralize the bitterness without changing the action of ten grains of quinine. The intense bitterness of the drug renders it almost impossible to administer it to children in its natural state.

BRITISH DIPLOMAS. — Dr. O. J. McCully (McGill) has received the M.R.C.S., Eng., and Dr. D. J. G. Wishart, the L.R.C.P., Lond.; Dr. J. Lindsay (Trinity), has received the L.R.C.S., and L.M. Edin.; also N. McKinnon, L. L. Hooper, W. Jacques and J. M. Jackson (Toronto).

CORONERS. — Dr. F. H. S. Ames, of Brigden, Ont., has been appointed coroner for the County of Lambton.

The death of Dr. Samuel G. Armor, Prof. of Medicine in the Long Island Medical College is announced; also the death of Dr. W. B. Carpenter, of London, Eng., the eminent physiologist.

Books and Pamphlets.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1886.

This is the thirty-fifth year of publication of this excellent list. It contains a calendar, list of poisons and antidotes, dose-tables re-written in accordance with the sixth revision of the U. S. Pharmacopœia, Marshall Hall's ready method in asphyxia, lists of new remedies, Sylvester's method for producing artificial respiration, with illustrations; diagram for diagnosing diseases of heart, lungs, etc., etc. The quality of the leather used in binding this list has been again improved, and a superior pencil, with nickel tip, manufactured especially for it, has been added.

A CLINICAL HAND-BOOK ON THE DISEASES OF WOMEN, by W. Symington Brown, M.D., Boston, Mass. New York: Wm. Wood & Co.

The volume before us is intended as a practical

guide on the diseases peculiar to women, for the use of medical students and country practitioners. The diseases appertaining to the puerperal state are also included. A chapter is also devoted to gonorrhœa and syphilis. An interesting feature of the work is the grouping together of the different topics in a fourfold arrangement, or some multiple of two, as an aid to the memory. For example, amenorrhœa, dysmenorrhœa, menorrhagia and metrorrhagia; anteversion, retroversion, anteflexion and retroflexion, etc. Illustrations are introduced wherever they appear of service in the elucidation of the text. The work is well printed on good paper, and is worthy the attention of the profession.

A System of Obstetric Medicine and Surgery, Theoretical and Clinical, for the Student and Practitioner. By Robert Barnes, M.D., Obstetric Physician to St. George's Hospital, etc.; and Fancourt Barnes, M.D., Physician to the Royal Maternity Charity, and to the British Lying-in-Hospital; Illustrated with 231 woodcuts, leather, pp. 834. Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

This will be found a most complete treatise on the subject of obstetric medicine and surgery. The wide and varied experiences of the authors are embodied in the work, and it cannot fail to be of great practical value to all who are interested in the subject, and all physicians are more or less so. Though intended for students and general practitioners, it will also be regarded with interest by those specially engaged in this department of science. It is a work of great merit, complete in every particular, and fully abreast of the most recent advances in this department. The text is elucidated by numerous illustrations.

The Essentials of Histology. Descriptive and Practical for the use of Students. By E. A. Schafer, F.R.S., Jodrell Professor of Physiology in University College, London, Editor of the Histological portion of Quain's Anatomy. 8 vo., cloth, pp. 245, illustrated. Philadelphia: Lea Bros. & Co. Toronto: Vannevar & Co.

Those interested in microscopic anatomy will find this a very excellent work. The directions for preparing and mounting specimens are full and explicit. Only those methods are recommended which experience has proved to be the most reliable and satisfactory. The work will serve as a most excellent elementary text-book in histology, and we commend it to the attention of those interested in the subject. It comprises all the essential facts of the science.

The Montreal Daily Witness.—Published by John Dougall & Son, Montreal.

The publishers are celebrating their fortieth anniversary by an offer of unusual value to their subscribers, consisting of Oleographs by an Art Publishing House in London, Eng., "Little Barefoot," "Nobody Asked You," and "Their Foster Mother." Every subscriber will receive one of these pictures. Any one sending two or three new subscriptions will receive any two of the pictures, and anyone sending four or more new subscriptions will receive the three pictures. The *Daily Witness* is $3, weekly $1, and *Northern Messenger* 30 cents per annum.

The Medical News Visiting List, for 1886.

This is a complete pocket-book of useful memoranda for physicians and surgeons, with blanks suitable for keeping the professional and business records of a practice aggregating thirty patients per day. It is in wallet form, bound in handsome red seal, with tucks, pocket, pencil, and rubber. Price $1. Thumb-letter index for rapid use, 25 cents extra.

Grip's Comic Almanac.

This publication for 1886, is to hand. It is brim-full of amusement, containing—besides its other attractions—a double-page cartoon, "Ancient Nursery Rhymes for Modern Politicians." For sale by all book-sellers; only 10 cents.

The Physiological Effects of Massage. Translated from the German of Reibmayr, with notes by Benjamin Lee, A.M., M.D., Philadelphia.

Births, Marriages and Deaths.

On the 31st Oct., Dr. James Carroll, of Norwich, aged 57 years.

On 6th ult., Dr. Slade Robinson, of Toronto, in the 85th year of his age.

On the 9th ult., T. W. Carritte, M. D., of Amherst, N. S., aged 53 years.

On the 18th ult. Dr. L. E. Day, of Harwood, Ont., aged 35 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, JAN., 1886. No. 5.

Original Communications.

INSANITY AND ITS MEDICO-LEGAL ASPECTS.

BY JOHN H. ARTON, M.D., WINNIPEG.

There can scarcely be a more opportune time than the present in Canada, in which to canvass the question, "What is insanity, and what its medico-legal aspects?" We have just passed through a period of excitement, in which these questions have played important parts; and, judging from the amount of irresponsible scribbling that has come, and is still coming to the surface, it may well behove us as dispassionate men, to devote some time and attention to so important a subject. It is proverbially hard to make a definition; and nowhere, perhaps, does the art of defining meet with greater difficulties than here. So far as I know, there is no satisfactory, comprehensive definition of insanity; and, what is more to be regretted, the two professions most interested in this matter, are, perhaps more widely opposed to each other on this, than on any other question. The legal profession has not hesitated, over and over again, to sit upon the medical, with regard to the ideas of the latter on insanity; while the medical profession, has as ably, though without obtaining a conviction, so far, held up its own views.

At first blush, it would appear as though the question should be entirely decided by a medical consensus of opinion, as much as this would decide a question of any other disease; but it is not so, for the question of insanity is made the pivot round which many specially fat tid bits turn; and the gentlemen of the wig and gown are especially gifted in looking after number one. Another reason perhaps for the contempt shown by the legal fraternity for our protests, lies in the proverbial facility with which doctors differ. This is owing doubtless to the lack of precision in mental processes, which so many of us, alas! shew;—and which, by the nature of their training, is almost impossible to the legal mind. Medicine has not yet attained the full dignity of an exact science; and, with many in our ranks, it is scarcely a science at all;—and, wherever one is tempted, in a scientific question, to leave the strict lines, and begin to theorize and generalize, he loses his position, as opposed to men who work from a firm and pre concerted basis. It is true that to-day even, it is premature to attempt a definition of insanity; but it is equally true that we have advanced so far along the path towards such a definition as to leave behind, in almost forgotten obscurity, the position held by our legal friends, now, as a century and more ago. It were foolish in us to try to define this disease in its protean characteristics;—to attempt, so to speak, to crystallize in one phrase, or set of phrases, what, by its very nature seems amorphous. We have to fall back on the dictum of one of our greatest poets, which however useless scientifically, amounts to about as much as anything in the same line which our greatest alienists can devise.

"To define true madness! What is it but to be nothing else than mad?" The legal definition, "unsoundness of mind," has the virtue of comprehensiveness: bnt it is a negation rather than an affirmation. It states what insanity is not, rather than what it is. If however, the courts would advance on their recognition of what *mind* is, we might agree to terms; but so long as they only recognize *intellect* as mind, there can be no agreement.

Physiologists divide the functions of the brain into three—Intellect, Emotion and Will;—and to be sane from a medical standpoint, a man must be sound in all three. The law recognizes these varieties of insanity, in effect, every day, seemingly when it suits its purpose, but the point to which this paper is intended to call attention is that the law does not give due weight to these varieties in the cases of the criminal insane. It is here that oftentimes injustice is done; and despite many efforts, even on the part of the brightest ornaments of the bench and bar, this anomalous state of matters remains from year to year *in statuo quo*. I believe, in fact, that the

English law on the subject, as it appears on the Statute Books, recognizes no condition of irresponsibility in insanity. Men who have been recognized as hopelessly insane have been hanged for crimes by the same law which still adorns our Statutes. We can scarcely wonder at this, or regret it either, when we consider the alternative a hundred years ago. Then, the whip, and the rack, and the torture bed, the dark room, the chains, and all the other instruments of torment, which man's ingenuity could devise, were put into requisition in the so-called treatment of the unfortunate lunatic. Better by far a short shrift, and a broken neck, than a miserable existence eked out in such circumstances. Poor elemency that! But things have changed now, and the treatment of lunatics has a very different aspect. Therefore, if for this alone, it is worth while to rescue those whom the gods have stricken, from a punishment which they in reality do not deserve, and which may well be replaced by a merciful isolation. As time wore on, the horrid injustice of consigning the insane criminal to death, or other punishment, struck even the usually impassive administrator of the law; and judges were found here and there who actually charged the jury to acquit a prisoner if they found him of unsound mind. In 1843, in a celebrated case, an insane murderer was allowed to escape the death penalty on the plea of insanity, and the people made such a disturbance about it, that the House of Lords propounded a series of questions to the judges for authortative answers as a guidance in such cases in the future. As far as the present purpose is concerned, the most important answers given was to questions two and three. "To "establish a defence on the ground of insanity, it "must be clearly proved that at the time of com- "mitting the act, the party accused was labouring "under such a defect of reason from disease of the "mind, as not to know the nature and quality of "the act he was doing; or, if he did know it, that "he did not know he was doing what was wrong." Here the whole question of responsibility rests on the intellectual capacity of the criminal, *i.e.*, his knowledge. This finding of the judge has never been placed on our Statute Book as law; but it has been regarded as a law from that time to this. We can recognize what an advance was made here; and how many really innocent lunatics must have received the benefit of this amendment. But we hold that to-day, a much further advance is necessary. The law, or rather what stands for the law, provides a loop-hole of escape for a few; but who among us, in the habit of seeing and dealing with lunatics, fails to recognize that the intellect is often the least affected function. The most hopelessly insane is often exceptionally intellectual. I have myself, when visiting a strange assylum, mistaken an inmate for an official; and have known lunatics who could solve the abstrusest mathematical problem, and put to the blush nine-tenths of the scholarly among his visitors. Such a man is taken charge of by the state because, perhaps, he has shown some craze, which would lead him to squander his own fortune, and leave his family in poverty. He is not considered capable of managing his paternal acres; but, if the question is one of human life, he, by the above test is held, and must be held eminently responsible. Moreover, it is not the purely intellectually unstable who are the most likely to come within the clutches of criminal law. It is true, that so interdependent are the various cerebral functions, one upon the other, that in many cases, where one is involved, another is affected also; but we scarcely can recognize the jurist's pathology who makes insanity first emotional, and later intellectual; and later still, perhaps, volitional as well. In many of those very cases, where the hardships of the present law tests press most, the accused are purely emotionally insane, with a consequent loss of volition, or control over their actions; and with no appreciable intellectual defect at all. Such men are really dangerous to society; though perhaps, only at intervals; and the occurrence of these very interludes of apparent sanity is what becomes most dangerous to themselves, should they ever have occasion to stand the test for criminal responsibility.

This question of insane criminal responsibility, is not by any means a remote one. It is one in which every one of us is directly interested. Probably no man is perfectly sane at all times; and, though the diagnosis of mental unsoundness may never be made in our case, yet again it may. Sir James Stephens, one of our most eminent English judges, has recognized the narrowness and utter illogicality of the present state of matters; and has nobly striven to improve them, so far without

effect. English institutions are prone to be lasting from a law down to a wheelbarrow. They are a pig-headed people over there in many respects; and somehow, in this matter, they have failed to be moved; even when right and reason, and eloquence and learning and earnestness were all enlisted to remove a wrong. We are tempted almost to say, that the British representatives have posed successfully as lunatics by their own test. "They do not know right from wrong." Stephens has produced an argument in favour of amending the present test, which for force of reasoning and clearness of diction has few equals. Here is his definition of the disease. Sanity exists when the brain and the nervous system are in such a condition that the mental functions of *feeling* and *knowing*, *emotion* and *willing*, can be performed in their regular and usual manner. Insanity means a state in which one or more of the above named mental functions is performed in an abnormal manner, or not performed at all,—by reason of some disease of the brain or nervous system (*History Criminal Law, Eng. Vol. 3 p. 130*)." Again "criminal responsibility signifies "nothing more than liability to punishment for "crime, and a criminal act implies the existence of "*intention*, *will* and *malice*." You will notice that he holds for the possession of will in addition to knowledge, in order to make a lunatic responsible. "It is as true," says he, "that a man who cannot control himself does not know the nature of his acts, as that a man who does not know the nature of his acts, is incapable of self control," (p. 171). This man ought to have been a doctor rather than a lawyer. In 1874 Stephens compiled a bill entitled "A Bill to amend the law of Homicide" in which it was provided that homicide should not be deemed criminal if the accused person is at the time of committing the act prevented by any disease affecting his mind, (a), from knowing the nature of the act; (b), from knowing that it is forbidden by law; (c), from knowing that it is morally wrong; (d), from controlling his own conduct. The fourth test is in reality the amendment to any previous legislation, or authoritative findings on the subject. This Bill was not passed; and consequently we stand as we were. While admiring the liberality of Sir James, especially for a legal mind, we must confess that even his tests are inadequate to estimate such a subtle disease as insanity.

To attempt a summing up so far, our position at present simply is,—"Most jurists aver that no "degree of insanity should exempt from punishment "from crime, unless it has reached that point that "the individual is *utterly unconscious* of the differ- "ence between right and wrong at the time of "committing the alleged crime." On the other hand, physicians who have given this matter a careful study, affirm that this test would only apply to persons suffering from delirium; from a furious paroxysm of mania, or from confirmed idiocy; that persons suffering from confirmed insanity are fully conscious of the difference between right and wrong; and are quite able to appreciate the illegality, as well as the consequences of their acts. Some jurists hold that the law means *the consciousness of a sound mind* when it proposes this as a test, and that "the consciousness of the insane, is an insane consciousness." But this is simply begging the question. It may be true that in practice the English law differs from the same law in theory; and that practically it cannot be said to err on the side of severity. The fact remains, however, that it operates with uncertainty; and that, if possible, is a graver charge.

With regard to Canada, at least, the remedy lies in our own hands. There is no reason why we should supinely wait for the mother country to take the initiative in this matter of reform. It were well once in a while to shew that our boasted independence is not a pure myth, and that we can dare at least to think for ourselves, It is evident from recent events, that this same test of knowledge of right from wrong is taken in this country as the test of insanity, (see ex-Min. Jus. Campbell's Manifesto on the "Riel trial.") The popular test here, as at home, is "does he know right from wrong?" If he does, then he is not insane; or at least not legally, or popularly insane. The elasticity of this definition if rigorously enforced, would throw open the gates of our asylums to many, who, for the safety of the commonwealth are now immured. It besides being within reach of the halter all those, who, from motor explosions (epileptics and acute maniacs) may commit murder; and, in the next hour or minute, when examined, be perfectly sane. As medical men, we know and recognize epilepsy and mania to be first cousins, but lawyers do not. Both diseases are

explosions; the one a "muscular storm, the other a storm of thought, emotion and will." After the storm has passed who can detect the difference oftentimes between the sound and the unsound?

The question of hallucinations again here presses itself on our attention. They are not always the result of imponderable undetetable changes, as so many think. In many cases these hallucinations can be clearly traced to gross and palpable lesions of the optic thalami or their plexuses. These cases are accompanied usually by atrophy of certain convolutions, which is recognizable even by the naked eye. The law takes no notice of this. I do not know how to diagnose with certainty such a condition during life. If the symptoms of lesion, of what is improperly styled "the internal capsule" be wanting, there may be nothing to lead one to these intellectualizing ganglions at all. Cross lesions, which interfere with the motor apparatus, and whose locality is much more easily appreciated, be the same in the cortex, the cortico striate fibres or the corpus striatum ltself, do not so frequently have a bearing on insanity, as do lesions of the sensory areas. But because you or I cannot positively say in any given case, that a man's hallucination depends on a given lesion while he yet lives, that is no reason why he must be hanged in order to oblige us with a post-mortem. And, by the way, when such judicial proceedings have been enforced, with or without protest from our side, why should not a properly managed post-mortem be held for the satisfaction of all concerned, and the furtherance of science. It is all very well to have a coroner's inquest in order to certify that the criminal is really dead; but to that should certainly be added a careful and scientifically conducted *sectio cadaveris*.

These somewhat disjointed remarks (to which perhaps I should prefix Montaigne's motto "I have gathered a bouquet of other men's flowers and only the thread which binds them is mine own,") will have done almost more than their author hopes for, if they conduce to a discussion of the subject by men abler to deal with the new question from every point than himself. There can be but one opinion, one would suppose, among all professional and lay, as to the expediency of having this legal gap in our institutions filled up. The people at large accept things as they are, partly from ignorance of facts and partly from lack of interest. The medical profession here, as in almost every matter of reform, becomes of necessity the leader and adviser of the laity. The popular idea of what constitutes insanity must be dissipated; together with the error that it only needs common sense to discriminate between a sane and an insane man. In truth, it needs more acumen, skill, judgment and special education probably, than any other problem we are called on to solve. And how often do the best make mistakes or fail in arriving at a conclusion. Let any one read the medical evidence in Lady Mordaunt's trial. where the most distinguished men, not only of that time, but probably of all time, investigated the question of her sanity; and how humiliating the confession we have to make, that their investigation amounted to nothing. Fortunately such cases do not arise every day. Who among our sapient editors, etc., who so glibly pronounce on questions of such fine spun yarn, would consider the author of the following lines insane:

"There is a winter in my soul,
The winter of despair;
Oh, when shall spring its rage control?
When shall the snow-drop blossom there?
Cold gleams of comfort sometimes dart
A dawn of glory on my heart,
But quickly pass away;
Thus Northern lights the gloom adorn
And give the promise of a morn
That never turns to day."

And yet he was a confirmed lunatic when he wrote these lines, which with almost incredible faithfulness and clear insight pourtray his condition and the mental disease from which he died.

As remarked before, it is a subject which is not remote to anyone. Besides, the old maxim "*Nihil a me alienum humanum puto*," every man has a personal and living interest in the question of mental alienation, and the responsibility dependent on that condition. Let the Dominion House of Commons take up the matter. Let the dead past bury its dead! We are the heirs of the future! Let a committee be appointed, say of the medical men in the House, with others, if deemed necessary, to investigate this question; and to formulate such amendments to our law on the subject as will prove a model for the mother country well worthy her imitation. By doing this our parliament will confer a lasting boon on the world at large, and deserve lasting pæans of praise from all men for all time. To break free from the trammels which a bigoted and purblind judiciary

has imposed on us for all these centuries, is a task worthy to be classed with the emancipation of slaves, or Magna Charta itself.

If by any chance, this suggestion should, even in the remote future, lead to such a desirable result, it will be only another of the boons conferred on a somewhat ungrateful public, by a profession, whose humblest member has for his motto,

"PRO BONO PUBLICO."

INTESTINAL OBSTRUCTION.

BY A. B. ATHERTON, M.D., L.R.C.P & S. ED., TORONTO.

In these days when surgery is making such immense strides in the treatment of abdominal diseases, which only a few years ago were deemed beyond the resources of our art, it may not be without interest and profit that the subject of intestinal obstruction should be brought before this Association. Under this head it is our intention to review briefly the various diseases which lead to obstruction of the bowels, with the exception of course of hernia, which obviously belongs to a different class of cases. Much of that which I have to offer will be derived from the writings of different authors, especially from the Jacksonian prize essay of Mr. Frederick Treves. I have myself, however, met with seven cases of acute intestinal obstruction during the last five years,—two of which were seen in consultation; and if I should judge from my own experience during the last fifteen years, I should consider cases of this disease to be more common than idiopathic peritonitis, with which I fear they have been too often confounded. From a clinical standpoint, cases of obstruction may be best divided into two groups, viz., acute or subacute, and chronic. Many of the latter, however, have an acute ending.

Under the first division may be arranged—1st. Cases of strangulation by bands; 2nd. Cases of volvulus; 3rd. Cases of acute intussusception; 4th. Some cases of obstruction by foreign substances. *Chronic* cases include: 1st. Stricture of the intestine; 2nd. Fæcal accumulations; 3rd. Chronic intussusception; 4th. Some cases of obstruction by foreign bodies.

Strangulation by bands or through apertures give rise to symptoms which are typically *acute* in their courses, and which resemble closely those of a strangulated hernia. The similarity is rendered more marked by the fact that in both it is usually the small intestine that is involved.

Under this variety of intestinal obstruction may be placed:—1st. Strangulation by peritoneal adhesions; 2nd. Strangulation by cords of omentum; 3rd. Strangulation by Nuckel's diverticulum, the vermiform appendix, the pedicle of an ovarian tumor, and the like; 4th. Strangulation through slits in the mesentery or omentum, or through membranous adhesions.

The varieties of the foregoing class are so numerous that for practical purposes it must suffice to say that the constricting cords are of various lengths and sizes, some being found long enough to form a knot in which the gut is included, while others are so short that scarcely room enough is obtained for the application of a ligature, the lumen of the intestine being closed as in one of my cases by dragging upon the contiguous loops. Furthermore, these bands may be attached to every conceivable part of the bowel or abdominal wall. According to Treves, this form of acute obstruction occurs more frequently in males than females, the proportion being about 3 to 2. As to age, most cases are found between 20 and 40 years, being very rare before 10, and comparatively infrequent after 40. In 68 per cent., there was a previous history of some trouble which would be likely to have produced causes of obstruction. In about half of the cases this was peritonitis; in others a history of hernia; and in some few a history of accident.

In only a small proportion of the cases analysed (12 per cent.) was there any evidence of previous symptoms of obstruction, the attack reported being the first suffered from.

Volvulus, the 2nd form of acute obstruction includes two varieties, one in which the bowel is twisted on its own mesentery or on its own axis, and another in which two coils of intestine become intertwined. The most frequent seat of volvulus is the sigmoid flexure of the colon, two-thirds of the cases reported having been found to involve that portion of the intestine. It occurs much more frequently in males than females, the proportion being 4 to 1. The great majority of cases falls between the ages of 40 and 60. Very often a previous history of constipation has been noted in this class of cases.

Intussusception, which represents the next form of acute obstruction is one very commonly met with, about one-third of all the cases being made up of this variety. Nearly one half of those reported were of the ileo-cæcal kind, next in frequency was the enteric, then the colic, and lastly the ileo-colic. More than 50 per cent. of all cases occur during the first ten years of life, and about 25 per cent. in infants under a year. In this respect intussusception differs remarkably from the two preceding forms of acute obstruction. The most common exciting cause noticed has been diarrhœa; but, according to Treves, only about 10 per cent. were preceded by this disease. In all three cases of my own, diarrhœa preceded for a day or more the establishment of marked symptoms of obstruction. One of the most striking as well as frequent concomitants of intussusception is the *passage of bloody discharges*. About 80 per cent. of the acute cases presented this symptom, and about 50 per cent. of the chronic ones. In a very large proportion there was also a marked degree of *tenesmus* present, especially in the more acute cases. A third distinguishing feature of intussusception is the presence of a more or less distinct tumor, which may be felt in about half the cases, and is apt to grow harder and more defined during a paroxysm of pain. It varies in size from that of an egg to that of the forearm, and as a rule is more or less fixed. Its length may be as much as 5 or 6 inches or more. In nearly one-third the cases the lower end of the tumor projected from the anus, or could be felt by the finger in the rectum. The *Chronic* forms of intussusception are more difficult to diagnose than the acute, and the symptoms may be protracted for months. Diarrhœa very commonly alternates with constipation in these cases, and there are intervals when the patient seems to be in fair health, although more or less emaciation necessarily accompanies the malady in its progress. Spontaneous relief may take place in any case of intussusception either by reduction of the bowel, with or without the assistance of opiates, or by sloughing of the invaginated portion and union of its ends. A partial recovery occurred also in one case reported, when a fæcal fistula formed about the seat of obstruction.

We come now to a consideration of the 4th class of acute obstruction, namely, that caused by the presence of a foreign body. More frequently, however, the symptoms produced by such pursue a more or less chronic oourse, although the final result as in chronic intussusception may be brought about suddenly. These substances are of course found to be of various composition and character, and are introdnced into the alimentary canal by swallowing some hard or indigestible material, which, either singly or by accumulation, brings about obstruction. Among the largest of these masses may be mentioned those composed of cocoa-nut fibre or hair In one instance one of the former weighed 4 lbs.; and I myself saw Mr. Knowlesly Thornton remove a mass of hair and thread from the stomach of an hysterical yonng woman, which measured 9½ inches in lengih, and was 2½ and 4½ inches in diameter at either end.

In Mr. T's case, however, little or no obstruction to the passage of food was caused, and the patient was fairly well nourished. Allied to this class of cases are those in which one or more gallstones or intestinal calculi are the cause of symptoms of obstruction, which are generally subacute or chronic in character. A tumor can of course be often detected in all these varieties of the 4th class of obstruction.

Turning now to the consideration of the 2nd great division of our subject we shall find *stricture* of the intestine the best representative of the causes giving rise to chronic obstruction. In almost all instances of such there will be got a history of previous attacks, somewhat similar to that which has led to complete obstruction. The rule is for these attacks to become more and more frequent as well as severe up to the end of the case. Among the anatomical lesions found are simple contraction due to the healing of former ulcers, stricture from former herniæ and old injuries, and finally that resulting from epithelioma and other growths in the intestinal wall. Cases of *stricture* generally occur between the ages of 20 and 60 years. Closely allied to stricture are those cases in which the gut is closed by the pressure of tumors, abscesses etc., from without. In most of these the obstruction is situated in the rectum or sigmoid flexure, for the reason that the swellings producing it are most frequently met with in the pelvic region. They differ from cases of stricture in being much more frequently acute in symptoms.

Fæcal accumulations, when giving rise to in

testinal obstruction, may generally be easily diagnosed from the history, coupled with the presence of a tumor, which can be more or less easily indented by firm and steady pressure of the finger.

Chronic intussusception and obstruction from foreign bodies having been already referred to, we will now turn our attention to the important subjects of *diagnosis and treatment.*

In reference to *diagnosis*, we will first enumerate the prominent features of most cases of acute obstruction. The symptoms are generally extremely *abrupt* in their onset, and may be briefly named as follows: 1st, severe pain in the abdomen, followed rapidly by frequent and persistent vomiting; 2nd, often after a few hours, there supervenes more or less meteorism, which however may be localized, and occasionally even, when the seat of obstruction is high up, may be entirely absent; 3rd, we have as a rule from the first absolute constipation, not even flatus passing per anum; 4th, after a shorter or longer period, depending upon the acuteness of the symptoms, there will appear a collapse; which is often attended by either intestinal or fæcal vomiting.

The diseases with which acute obstruction is most likely to be confounded are perhaps acute peritonitis due either to perforation or other causes, cholera and dysentery. Acute peritonitis is the more apt to be mistaken for acute internal strangulation, for the reason that quite frequently cases of the latter disease have the former developed during their progress. If, however, one is called early in the case, he will find several points of difference, which will pretty certainly fix the diagnosis. In peritonitis the temperature is generally considerably raised, while in acute obstruction it is as a rule subnormal, becoming perhaps elevated some days afterwards from the supervention of inflammation. Tenderness is a marked symptom in peritonitis, while there is an almost or entirely complete absence of it in the other disease. This gives rise to a striking difference in the attitude and behaviour of the patient. In peritonitis, he of course usually assumes the dorsal decubitus with knees drawn up, and is unwilling to move or be moved. In cases of acute obstruction, however, he writhes about in bed, assuming all sorts of positions, or gets up and walks about the room like one suffering from an ordinary attack of colic, while he is even also relieved sometimes by pressure as in that affection. Again we have a diagnostic symptom of much importance, namely, the existence of rigidity of the abdominal muscles, giving rise to a *board-like* feel; in cases of peritonitis, which contrasts strongly with the flaccid and soft abdominal walls in obstruction. Also, vomiting is a much more prominent symptom in strangulation, and becomes after a few days either intestinal or distinctly stercoraceous. It is exceedingly rare for it to attain such a character in peritonitis, and then generally only at the close of a fatal case. Furthermore, constipation is almost invariably absolute after obstruction has become established; except perhaps in cases of intussusception, which however, on account of the bloody discharges that are generally present, are not likely to be confounded with peritonitis. It is only the ultra acute cases of intestinal obstruction which would be mistaken for an attack of cholera, such as strangulation near the stomach or acute cases of intussusception in very young children. The prevalence of the epidemic at the time may aid us in deciding between them, while cramps and a severe diarrhœa accompanied with rice water discharges would generally serve to make us sure of the diagnosis. From dysentery we may generally readily diagnose obstructions by the absence of febrile disturbance, and by the greater severity of the pain and vomiting. From my own experience in three cases, where I had I think good grounds for believing that I was dealing with intussusception, I would be inclined to lay considerable stress upon a difference between the discharges of dysentery and those of intussusception, to which no one as far as I am aware has called any special attention. I was myself particularly struck by the *bright-pink* colour of the serous dejections in in these cases, which seemed to me to contrast very remarkably with the dark dirty hue of those of dysentery. In my cases also I saw very little if any mucus, though the absence of this may have been due to the fact that the rectum was not involved, no tumor being felt by the finger per anum. Furthermore, any blood seen was of the same bright red colour, and thus differed materially from the dark clots generally observed in cases of dysentery.

Although the diseases above referred to are perhaps the chief of those which may be mistaken

for acute obstruction of the bowels, yet there are several others which resemble it more or less closely, but which can be usually easily enough distinguished from it by the previous history of the case, and by the presence of some well-known diagnostic symptom. It must suffice merely to enumerate in this connection the following:—hepatic, renal, or lead colic, cases of acute irritant poisoning by arsenic, or some similarly acting substance, acute meningitis, etc. Strangulated hernia is of course always to be thought of, and search made for any of its various forms.

Having made a diagnosis of intestinal obstruction, let us now consider the kind of *treatment* applicable to the disease in its different forms; and first we will pass in review a few of the non-operative measures which may be resorted to in dealing with such cases. Opiates undonbtedly occupy a prominent position, and are of much service both in relieving pain and retarding the symptoms of collapse, while at the same time they tend to promote a cure by preventing the irregular peristaltic action of the bowels, which acts so potently both in the production and continuance of many attacks of the disease. They would be especially useful in acute intussusception and volvulus. Next come enemata and insufflation of air. The enema generally employed is simple warm water, to which is sometimes added soap, ox-gall, or oil to aid in softening and rendering fluid any fæcal mass that may be present in the colon. It has been affirmed that injections cannot be made to pass beyond the ileo-cæcal valve, and would therefore be useless in affections of the bowel above that point; but it is now we think pretty generally admitted that they do often overcome this barrier, especially if the patient be well under the influence of an opiate or anæsthetic. In order to render the enema more effective, it is often advisable to introduce a long flexible tube, such as that attached to a stomach pump. Great care will be required to pass this successfully, for it will otherwise often coil itself up in the rectnm, instead of moving on into the colon. We have derived on many occasions much benefit in making this manœuvre, by occasionally throwing in a few ounces of water, so as to distend the gut, and thus lessen the chances of the end of tube bringing up against its walls. Also we think a cork-screw like motion will often materially assist it in its onward progress. The cases most likely to be relieved by enemata are intussusception and obstruction from faeces; also perhaps some cases of volvulus, where indigestible articles of diet have given rise to the disease. Insufflation of air is said to have proved successful in reducing an intussusception after enemata of warm water have failed. In order to prevent the escape of the air or fluid where large quantities are injected, an obturator of cotton rag or an inflated rubber ring may be used. Aperients are to be condemned in all cases of acute or subacute obstruction. They may however be employed in chronic fæcal accumulations, although it must be seldom even in these that enemata will not prove as good and a safer remedy. Recently, in Germany, washing out of the stomach and small intestine by means of the stomach-pump or by syphon-action, has been employed in obstruction cases. It is claimed that by thus emptying the distended alimentary canal above the seat of disease, the bowel will be placed in a condition more favorable for spontaneous relief.

Metallic mercury, which at one time was held in high repute in the treatment of obstruction, and subsequently fell into disuse, has again been extolled of late in France as a remedy, especially in cases of stercoraceous accumulations. It is not supposed to act simply by its weight, but is thought to insinuate itself in a condition of fine division between the intestinal wall and the obstructing mass, and thus helps to loosen the hold of the latter and consequently aids in its expulsion. In several such cases M. Matignon reports prompt relief from its use, after purges and enemata had failed to dislodge the offending substance. The doses administered varied from two to eight ounces, and were in most cases several times repeated. In one case nearly 2 lbs. were taken altogether and with success. No ill effects were ever observed from the remedy. Massage and electricity have also been used with advantage in some of these cases, but they will probably be found rather to occupy the position of adjuvants to other methods of treatment than otherwise. Indeed, manipulation of the tumor of an intussusception materially aids an enema or insufflation in bringing about reduction; and it is easy to understand that in cases of fæcal accumulation when no inflammation is present, it may also be of great service.

Finally, let us consider the operative procedures which may be undertaken for the belief of intestinal obstruction. If rest in bed with abstinence from food, one or more full doses of morphine, a few large enemata through a long tube, and one or two washings out of the stomach do not succeed in bringing relief in a case of *acute* obstruction within two or three days, it is advisable to perform laparotomy without further delay. Heretofore the operation has been usually put off for a much longer period; but with our improved knowledge of these cases, and consequent more early and certain diagnosis, an earlier resort to opening the abdomen will without doubt lead to much better results. Besides, since it has been learned that the peritoneal cavity is not such a sacred or dangerous precinct to invade as was once thought, there need not now be such hesitation in undertaking the operation. It is pretty generally admitted that delay is more to be blamed for previous bad results than the operation itself. According to past statistics only about one recovering out of three have been reported, and it is more than probable that if all cases had been made public the proportion of unsuccessful ones would have been found to have been considerably in excess of that estimate.

The operation is generally performed in the median line below the umbilicus. When we have opened the abdominal cavity we proceed to search for the cause and position of the obstruction. When this does not immediately appear, we may generally find it most readily by feeling for the collapsed coils of intestine, which as a rule lie below the brim of the pelvis, and tracing them upwards to the point of disease. Having discovered this we will have to vary our course of action according to the cause of the obstruction and the condition in which we find the parts. If a band or cord be the source of trouble we must divide it, two ligatures having been applied, one on either side. In cases of strangulation through its or apertures, it will be advisable after reduction, to close the opening by suture. It is well so in all these cases to examine the parts carefully in order to ascertain whether or not there may be more than one constricting band present, in some instances such have been found at the topsy.

Cases of volvulus are not well suited for relief by laparotomy, as it is found difficult to deal with the enormous dilated coil of sigmoid flexure, which is generally the seat of the disease. Puncture of the gut may be employed to relieve the distention and thus enable us to reduce the part; but the volvulus is apt to reappear after a little time. A case of my own, which I think was one of this form of obstruction, finally recovered after a dozen or more punctures through the abdominal wall with a small hypodermic trocar. The punctures were made at different times during the several days that the excessive meteorism lasted, and seemed on each occasion to afford marked relief. I would advise caution however in puncturing the distended bowel in such cases, for there can be no doubt that unless the instrument used be very small there is danger of extravasation of the intestinal contents through the openings made in the gut. I know that such oozing from the punctures may, and does occur, for I have seen it in two instances in which, after laparotomy had been performed, I was obliged to let out the gas from the distended coils of intestine before I could return them into the abdominal cavity. After a few minutes, however, the openings seemed to close sufficiently to prevent any further exit of fæcal matter. One of these cases recovered and the other lived till the 7th day after the operation, so that I think the punctures did not lead to any serious complication. And here, let me say that the great distention of the bowel met with in these cases gives rise to the chief difficulty in performing abdominal section for the relief of intestinal obstruction. It is almost if not quite impossible to prevent the distended bowel from escaping externally, and it is equally impossible to put it back in its place before its size is reduced by punctnre. I would be inclined to try the insertion of a gum elastic tube into the colon in cases of volvulus, so as to permit of the escape of gas by that method. If all else fails, a fæcal fistula can be established above the seat of obstruction.

When a portion of intestine is found to be gangrenous, whether in cases of intussusception or other form of obstruction, it must be excised. After doing this it is considered better in all cases (except those in which the upper part of the small intestine is involved), to secure the cut ends of the bowel by sutures to the abdominal wound, rather than to proceed at once to unite them to each

other; because the increased length of time required to complete the latter operation would very much augment the shock produced, and consequently be much more likely to lead to a fatal result. On a future occasion, if the patient recovers, that object can be attempted under a much more favorable condition of things. When practicable, cases of *stricture*, whether due to simple constriction or caused by cancerous or other growths, are to be dealt with by resection of the bowel and removal of the diseased mass, the ends of divided gut being attached as above mentioned to the external wound. When excision is inadvisable or impossible, an artifical anus must be made. When the seat of disease is known to be in the sigmoid flexure or rectum, left lumbar or inguinal colotomy may be at once resorted to if thought best, without a previous central abdominal opening being made. Cases of *simple* stricture may generally be temporized with for some time before it will be necessary to operate for their relief. Much may be accomplished in this way by careful dieting and the use of nutrient enemata. When, however, we have good reason to suspect malignant disease, it is a question whether it will not be better to excise the part early, so as to afford the patient some chance for a permanent cure.

An *intussusception* is of course always to be reduced if possible. When too firm adhesions have already formed to permit of this being safely done, it is probably better to at once cut away the invaginated portion, and secure the ends of gut to the laparotomy wound. Every precaution must of course be taken in all resections of the intestine to prevent the escape of its contents into the peritoneal cavity. If a *calculus* or *foreign body* prove to be the cause of trouble, the bowel may be laid open and the offending substance removed, unless indeed it can be readily moved along towards the anus. In case the gut has to be cut into, the wound must be carefully approximated by fine silk sutures in such a way as to bring the peritoneal surfaces closely together. In cases of obstruction from *fæcal accumulations*, we can afford to delay operative measures so long as there is any prospect of getting rid of the mass either by enemata, metallic mercury, cathartics, or manipulative procedures, and it must be seldom indeed that these will not suffice to afford relief.

RHINITIS ATROPHICA—WITH REMARKS ON CATARRH IN GENERAL.

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To the practitioner in general, the nature, pathology and treatment of catarrh are as an unopened volume, and the word is only too often associated in his mind with incurability. To the public, the word is almost synonymous with offensive breath, and it is popularly believed that is the forerunner and friend of consumption. These ideas have been assiduously fostered by designing persons, and the country has been overrun with catarrh doctors and nostrum vendors of all sorts. It is with a desire to put the facts in a clearer light that I am induced to pen these lines.

In the first place the question will naturally arise what is catarrh, ? It has been shown by Bosworth, Cohen, and others, that it is an inflammation of the lining-membrane of the nose—a rhinitis—and like inflammations in other parts ends in resolution, in hypertrophy, in ulceration, or in atrophy. It is liable to extend to the pharynx trachea and bronchia. I do not know that it has ever been proved to cause tuberculosis. Bronchitis and asthma are often caused by it. Contrary to the generally received opinion fetor is the exception rather than the rule, not more than five per cent. of the cases being attended by this symptom. It is probable, though not yet certain that all the varieties of catarrh are but different stages of the same complaint. Thus we see rhinitis simplex in the father followed by rhinitis atrophica in the child. It is remarkably hereditary, and occurs in many members of the same family.

Now as to the varieties of catarrh. The first and commonest is *rhintis simplex*, characterized by an excessive flow of mucus, worse in damp weather, and when the patient's general health is not good. There are no organic changes visible on examination of the part; no fetor.

Post Nasal Catarrh is a very common variety of simple rhinitis, affecting the pharyngeal vault and upper pharynx. The nasal mucus membrane may also be affected. The glandular structures are often hypertrophied. The symptoms are dropping in the throat, discharge generally worse in the morning, causing hawking and peculiarly disagree-

able nasal secretions, hoarseness in the morning wearing off towards noon, and deafness from Eustachian tube and middle ear catarrh.

Congestive rhinitis or erectile catarrh is an inter-current condition, generally associated with rhinitis simplex. Sudden closure of the nasal passages on one or both sides is the principal symptom. It passes off after a variable time, and is followed by a profuse flow of clear mucus. It is due to a sudden engorgement of the venous sinuses of the nose.

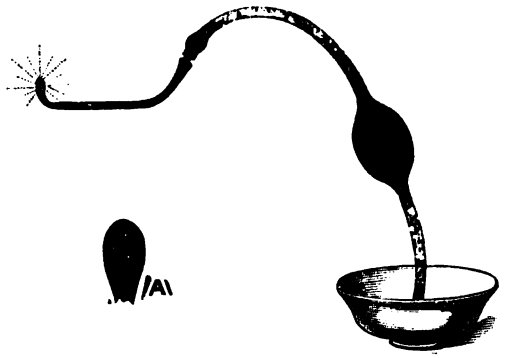
Hypertrophic rhinitis is a true hypertrophy of the epithelial glandular and connective tissue elements of the pituitary membrane. The amount of discharge from the nose is as a rule not very considerable. It is satisfactorily treated by means of the electro-cautery. Evulsion of the membrane I only mention to condemn.

Ulcerative rhinitis, is frequently confined to one nostril. It sometimes goes on to the formation of an abscess in the nose. It may also cause perforation of the septum. Caries is an occasional accompaniment. The nostril affected is swollen, reddened and painful to the touch if the affection is acute. If chronic, it is unattended by pain, but hard crusts form which are attended with some discomfort. The nose bleeds easily when touched. I do not include in this group cases of syphilitic diseases of the nose.

Ozena. By this term I mean discharge of offensive matter from the nose, unattended by apparent change in the mucous membrane. The disease is not in the nasal cavity itself, but in the accessory cavities. The prominent symptom is the discharge of large quantities of fetid muco-pus mixed with blood, and various foreign substances deposited by the inspired air. The causes cannot be laid down with certainty. It may result from general debility, but is quite as apt to be found in persons of good constitution and robust physique. I think that the term Ozena should be restricted to this form of disease, and not applied to all forms of offensive discharge from the nares.

Fetid nasal catarrh or *rhinitis fetidus*, is a condition resulting from a long continued atrophic rhinitis, or dry catarrh. It is attended by the discharge of exceeding fetid masses of dried mucus. The odor is very penetrating and will remain in one's consulting room for some time after the patient has gone. The bones are atrophied and the nose is often flattened as the result of the preceding atrophic catarrh.

Atrophic rhinitis, a form of nasal disease which forms the heading of this paper—is an affection growing out of rhinitis simplex or hypertrophica, as I believe from clinical observation, and presents the following symptoms: Excessive irritability of the parts with more or less tingling and pain. The sense of smell is generally impaired; thin, dry, closely adherent crusts make their appearance. Their colour is grayish yellow or greenish, and they consists of inspissated muco-pus mixed with various impurities. They are very tenacious and difficult to detach. There is a constant sense of discomfort in the nose and this is increased to actual pain if the temperature of the inspired air be much lowered. The thin crusts soon become thicker and harder. A thick viscid fluid is poured out of the membrane. This dries very quickly and forms crusts. They have a peculiar and musty odor, not highly offensive as in fetid catarrh. Superficial ulcers form on the mucous membrane, having a grey unhealthy look. The pharynx is sometimes involved giving rise to a dry, glistening condition; highly uncomfortable to the patient. Upon examination of the part, the mucous membrane will be seen to have a peculiarly dry parchment-like appearance. The nasal cavity will seem to be ex



ceedingly spacious, owing to the atrophy of the turbinated bone. Masses of dried muco-pus may be seen adhering to the parts. If these be removed the membrane will be found to be reddened and occasionally presents superficial ulcers.

As regards the *treatment* of this this variety, the indications are:

1st. Thorough cleansing; 2nd. Stimulation, to render discharge fluid; 3rd. Gradual arrest of discharge. The cleansing can be effected by means

of a hard rubber syringe with a large nozzle in the hands of the physician. The patient will find the douche made by Stevens & Son of this city, after my instructions, to be convenient. The gravitation douches, as Thudichums, are dangerous, as they are apt to drive the water up into the middle ear and cause acute suppuration of that cavity. Any crust that remains should be gently removed by the forceps or probe. It generally takes several days to thoroughly cleanse the parts, and until this is done it is useless to do anything else. Once accomplished, it must be kept up by the free use of salt and water by the douche, once or twice a day. Then stimulation can be used according to the following formulæ:

℞ Argent nit. . . . grs. ¾;
Amyli pulv. . . grs. 154—M
℞ Argent nit. . . . grs. 1½
Amyli pulv. . . . grs. 154—M
℞ Argent nit. . . . grs. 2¼
Amyli pulv . . . grs. 154—M

Gradually increasing strength of powders to be insufflated. Or the following:

℞ Pulv. Sanguinariæ. . . .
Pulv. Myrrhæ . . . aa ʒ i.
Lycopodii pulv. . . . ʒ ii.
℞ Pulv. Galangæ . . .
Pulv. Amyli . . . . aa ʒ i.

Having fulfilled these indications, use a mild astringent as Zinci Sulph., Zinci Iodid., Alum, or Tannin, about five grains to the ounce, in the form of spray. When the treatment is systematically and carefully carried out, I venture to predict a satisfactory result—not merely in this but in all varieties of catarrh. It is obvious from what I have stated that a successful result depends upon a proper diagnosis and the selection of the remedies for the variety of catarrh in the given case. The general health will in most cases require attention on the usual principles, and will require modification to meet any special symptoms which may arise.

Correspondence.

UNPLEASANT EFFECTS OF ANTIPYRIN.

To the Editor of the CANADA LANCET.

SIR,—While using drugs of recent introduction, it is well, if not our bounden duty to the profession, to place on record any unusual and especially any alarming symptom that may present itself. Antipyrin is of comparately recent date, and has been considered perfectly free from danger in doses of 30 grains repeated.

Prof. Stewart, of McGill College, Montreal, in his excellent report on Antipyrin, quoting from Pavay, states "That collapse never occurs, that it possesses marked advantages on account of its freedom from dangerous effects."

The following case seems to show that there may be some exceptional effects produced by the use of this remedy. On the 7th of Oct. last I was called to Mrs. B., æt. 45, a patient in the fourth week of typhoid, whom I had been attending, and considered convalescent. Her temperature was 103.6°, pulse 120, respiration 30, fine crepitation throughout the lower portion of both lungs. I thought Antipyrin the best selection as an antipyretic, judging that it would produce less depression than either quinine or salicylate of soda. I happened to have with me just one dram and divided it into five equal powders of 2 gr. each. I ordered one every three hours. Next morning early a messenger was sent with the unwelcome news that the patient was dying. On my arrival I found her in a state of severe collapse. Cold perspiration stood in drops over her face and parts of her body, cold hands and feet, temperature 95°, pulse feeble and flickering, impossible to count it. I was, indeed, alarmed, and expected to lose my patient. I immediately gave her ammon. carb. and digitalis, with whiskey at short intervals, and applied artificial heat around the body. I was very much pleased to find that this treatment counteracted the unpleasant symptoms, and am still further pleased to know that the patient has ultimately recovered. Two or three days afterwards her daughter drew my attention to a patch of purpuric maculæ about the size of the palm of the hand on the back, just below the seventh cervical vertebra. This was, no doubt, the characteristic eruption that results from the use of antipyrin, but it was not observed on any other part of the body.

As antipyrin lowers temperature by dilating the capillaries of the skin and exposing a large volume of blood to the external temperature, I think, in a case of this kind digitalis would prove a valuable antidote by its contractile effects upon the arteri-

oles. Perhaps my selection of the conditions was not judicious for the administration of antipyrin; but, even granting that, the above is a sufficient warning for me, at least, to feel my way with caution before administering doses of 30 gr. Since the above case occurred I have observed two cases, with similiar results, recorded. One, also, in a typhoid patient, almost exactly similar by Strauss in *Berlin, Klin, Wochenschrift.*

Yours, etc.,

W. GRAHAM.

Brussels, Ont., Nov. 23, '85.

To the Editor of the CANADA LANCET.

DEAR SIR:—Do you not think it is time for the medical profession to resent the pestering questionings, about our private business, by parties who are paid for looking after the sanitary arrangements of the country? We have spent years of the best of our lives and considerable means, to qualify ourselves for the practice of our profession, so as to gain a living for ourselves and families; and many of us can hardly make both ends meet. Yet we are continually being pestered and hectored to tell every body all we can, so that no one will need to employ us; so that we may live on the wind and be laughed at for our pains.

It is all right, and the bounden duty of Government to look after the health of the people; but, it is a piece of gross imposition to expect medical men to help them without any remuneration. Our present Local Government is composed chiefly of lawyers; let them try to get their brethren to unite and answer all kinds of questions for the guidance of the public, so that there will be no litigation, and see how they will succeed.

But after all, it is the medical men themselves who are chiefly to blame. If they would just decide to answer no professional questions unless accompanied by the usual fee, the pestering would soon cease. Can you give any sound reason, why they should do otherwise?

ANTI-HUMBUG.

December 14th, 1885.

ERYTHEMA OF FAT PEOPLE.—Dr. E. J. Kemps ys: For the erythema and itching between the ighs and on the buttocks of fat people, either lomel or bismuth subnitrate, rubbed on dry, will 'l make you proud of yourself.—*Louv. Med. s.* Sept. 12th.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Nov. 3rd, 1885.

Regular meeting, Dr. Stark, Vice-Presidnt, in the chair.

Dr. McCargow exhibited a specimen of glioma of the brain. The patient had been under the care of Dr. G. L. Mackelcan, German, aged 40, married but separated from his wife because he did not support her; had acted strangely a few days before his admission to the Hospital, on the 17th of Oct., 1885. He was morose, would not answer questions. He walked with assistance with a shuffling gait. He seems drowsy, but when roused answers questions and then relapses into the drowsy state again; complains of pain across his forehead. There is no loss of tendon reflex. He voids his urine and fæces in bed. Pupils natural, left slightly dilated. No albumen in the urine. Gradually sank and died on Oct. 25th. Diagnosis: cerebritis and abscess of the anterior lobe of cerebrum.

P. M.—Body well nourished. Scalp congested. Dura mater very much congested, adherent to calvarium in front and torn in separation, also adherent to brain along both sides of falx; adherent at base of brain in front. On section, found a mass of sarcomatous matter as large as a lemon, in the left anterior lobe of cerebrum.

Dr. McCargow, who agreed with Dr. Mackelcan in the diagnosis, said there was no vomiting nor paralysis present in the case, but the patient was considerably emaciated. The early symptoms were of a neuralgic character.

Dr. Mackelcan described a case of a soldier who sought admission to the Hospital, and was supposed to be malingering, who dropped dead suddenly. The P. M. showed an abscess of the brain.

Drs. Stark and Ryall described cases in which a number of abscesses of the brain were found after death.

Dr. Macdonald related a case of a noted chessplayer who died suddenly, and a number of abscesses were found in the cerebrum.

Dec. 1st, 1885.

Regular meeting, Dr. White, president, in the chair.

Dr. McConochie was elected a member of the

Society. Dr. Malloch introduced a case of multiple fracture, with nerve lesion. Patient, aged about 15, met with an accident on the 17th of August last by being drawn up between a belt and pulley. The left arm sustained a fracture of both radius and ulna; the pulse could be felt in the radial and ulnar arteries. Both bones of the right forearm were also fractured, and dislocated backwards at the elbow; no pulse could be felt at the wrist. The dislocation at the elbow was reduced, but on flexing the forearm, was produced again; a fracture of the coronoid process was suspected. An anterior and posterior pad was applied to the elbow after reduction, and secured by a figure-of-eight bandage, junk splints adjusted and the arms flexed and laid on pillows, the dressings were changed and readjusted as required. For some time passive motion was used. The left arm has made a complete recovery. The right arm has some loss of sensation in the distribution of the ulnar nerve, which is improving, and the elbow joint is gaining more power of motion. Pronation and supination are present to some extent.

Syme's amputation of the ankle joint. Patient was admitted to the Hospital Sept. 18th, under the care of Dr. A. Woolverton; age 53 years; occupation, blacksmith. Father dead, cause of death unknown. Mother was strong and healthy, lived to the age of 74 years. Had one brother who died at 40 years of age of kidney disease. One sister is alive and healthy so far as known. Had pleurisy in 1872 but completely recovered. Two years ago he had his left foot amputated, after being injured by a stone falling on it. Present trouble began last January with a pain in the heel, and some swelling. The foot improved about April, but got worse as the summer advanced. It was painted with tinct. iodi. and blistered, which relieved the pain but did not reduce the swelling. Had ague during the summer, during which the foot improved. Came into the hospital Sept. 18th, when he wae unable to put his foot to the floor on account of the pain. Limb was put up in plaster which was removed about the 18th of Oct. It was again put up in plaster which gave him constant pain. On its removal the foot was found considerably swollen. It was then blistered and poulticed without relief. On the 22nd of Nov. fluctuation was evident just below the external malleolus. On the 25th a trocar was introduced, and considerable pus drawn off. Urine contained nearly 50 % albumen, and also casts. Dr. McCargow exhibited specimens of bone taken from the case. Dr. Macdonald thought that by standing on one leg at his work, too much pressure was brought to bear on the ankle joint. It would be interesting to have the urine examined, to see whether or not any dimunution in the quantity of the albumen has occurred. Dr. Ridley said the condition of the kidney may have followed the disease of the ankle joint. Dr. Ryall thought the kidney affection might have been merely a coincidence. Dr. Malloch thought the case was primarily one of kidney disease.

Dr. McCargow showed a specimen of tumor removed from a patient under Dr. Malloch's care at city hospital, admitted Nov. 27th, 1885. B. S. æt. 25. Father and mother alive and healthy. One aunt on the mother's side, and an uncle on the father's side had tumors. That of the uncle occurred on the neck. It was removed but is growing again. Patient has eight brothers and six sisters younger than himself, all strong and healthy. He never was sick until present trouble began three years ago, when he noticed a small lump on the outer side of the elbow. He continued to work, the tumor being painless and causing no trouble. It steadily increased in size for about eight months, when it reached the size of a hen's egg, and he had it removed. Six months after he noticed a tumor growing in the same place, which grew about nine or ten months, when he had it again removed. The second operation was performed in April, 1884. About Christmas he noticed the growth returning in the same place, since which time it has grown to about the size of the first. Present condition: on the outer side of the left elbow there is a large lobulated mass, part of which is ulcerated upon the surface; on the inner side of the arm is a smaller one not ulcerated. Nov. 28th the arm was amputated at the shoulder joint by flap operation, the outer flap being formed by the whole of the deltoid muscle. The glands in the axilla were swollen, and it is thought the disease will recur. Examination of the tumor with the micoroscope showed it to be encephaloid cancer.

Dr. Malloch also related a case which came under his notice in 1874. Patient was a man past 50. The tumor was situated between the hip and knee, and was the size of the head. Some thought it was a fatty tumor. The patient died in three or

four months from time of admission to hospital. The glands in the groin were not affected, but the pelvis was filled with secondary growths, also the lungs. Dr. Philp made some remarks on the previous case, and described the history before admission to the hospital.

BRANT MEDICAL ASSOCIATION.

The usual quarterly meeting of the Brant County Medical Association was held at Brantford on the 1st of December. There was a good attendance of members present. The following officers were elected for the ensuing year, viz: Dr. Winskell, President; Dr. A. T. Henwood, Vice-President; Dr. Sutherland, Paris, Sec-Treasurer. The following new members were elected: Dr. Addison, St. George; Dr. Johnston, Burford; Dr. Sutherland, Paris; Dr. Mott, Paris.

Dr. Addison, St. George, read a paper upon Typhlytis and Dr. Burt gave the history of several recent surgical cases under his care.

Dr. Philip introduced the subject of the proposed amendments to the Ontario Medical Act advocating their adoption. The following resolution was moved by Dr. Addison, St. George, seconded by Dr. Johnson and carried—"That the proposed Amendments to the Ontario Medical Act approved at the last meeting of the Ontario Medical Council, and which will be submitted for approval to the Legislature at the next session, receive the cordial endorsement of this Association believing that such Amendments are just and necessary to the proper carrying out of the Act, and in the best interests of the Public and the profession alike.

A number of routine matters was disposed of, after which the Association adjourned to meet again in Brantford on the first Tuesday in March.

Selected Articles.

SUPRAPUBIC LITHOTOMY, AND SUTURING THE BLADDER.

The *Med. News* reviews this interesting subject as follows:

"Within a year Sir Henry Thompson has operated for the removal of stone in the bladder by the suprapubic operation four times, and each time successfully. This measure of success has led him to make public some strong expressions in regard to the merits of this form of lithotomy. After speaking of the capabilities of lithotrity, in the *Lancet*, for July 25, 1885, he says: "The problem thus left remaining for solution, is, what is the best cutting operation for hard calculi (urates and oxalates) which weigh from about two ounces and upwards, as well as for those not quite so large, which are so peculiar in form (as occasionally, but very rarely, happens) that the lithotrite fails to grasp, or retain them? I think there is no doubt about the answer—viz., that it is the suprapublic, and not the lateral position." And, again, "Finally, I think I am quite justified in believing that unless the operator has had a large experience of lithotrity (and there are not many of whom this can be affirmed) the high operation would generally be a safer proceeding than crushing for a calculus which is hard and much above an ounce in weight." In the same number of the *Lancet*, Professor Humphrey recalls attention to an operation of this sort which he did in 1848 successfully, and expresses his surprise that the suprapubic operation has not been more frequently performed.

These testimonials to the present appreciation of the operation of suprapubic lithotomy in England mark a distinct advance in public sentiment there, where hitherto this method has had but the faintest and most qualified acknowledgment, and, from Sir Henry Thompson himself, hitherto open contempt. Now, however, that so eminent and so conservative a surgeon has given his sanction to the suprapubic operation, its good may be said to have received the guinea's stamp, and to be current in all the Queen's dominions.

It is now about ten years since the merits of this, then almost abandoned method, were made the subject of thorough study in this country, and warmly championed upon theoretical grounds, as well as supported by analysis of a very large number of cases. At once it began to be practised with increased frequency in America; then it was taken up with new assurance in Austria; then in Holland; then in Germany, where it has always had some friends; then it had a genuine revival in France, and now it has secured the approval of the highest authority in regard to operations for stone in the bladder in Great Britain.

It would appear, therefore, that the time has passed for arguing about the worthiness of suprapubic lithotomy, as a general method; since the old prejudices have gone down so completely before the arguments used in its support, and the improvements introduced in its technique. It would seem that the future of stone operations remains with Bigelow's operation of litholapaxy and suprapublic lithotomy, and the only questions which have now a living interest with regard to the latter are those which pertain to the proper selection of cases and the manner of performing it. In regard to the

selection of cases it would not be easy to improve on what we have quoted above from Sir Henry Thompson. As to the technique, the plan of forcing the bladder up out of the pelvis by introducing a colpeurynter into the rectum and distending it with air or water, as was first done by Peterson, of Kiel, appears to be of great value. It may, perhaps, be responsible for the moderate hemorrhage reported in some recent cases, on account of the pressure it effects upon the venous plexus at the neck of the bladder; but it cannot be doubted that it has contributed much to the ease of performing the operation, and invited men to take it up who otherwise would not have done so.

In regard to after-treatment, the most important question concerns the employment or rejection of suturing the bladder.

This would appear to be no question at all if such brilliant results could be obtained regularly as have been affirmed in a considerable number of cases. Thus Bruns, who was the first surgeon to suture the bladder after lithotomy, secured uninterrupted union of the wound in his first two cases, both being little children. This was in 1857 and 1858. (These operations are often erroneously attributed Lotzbeck, who simply reported tfiem. They were done in Brun's clinic. The bladder was sewed up during the Crimean war by Baudens, after the removal of a bullet by suprapubic cystotomy; recovery followed. Although this was not a lithotomy, it deserves to be mentioned, as the first case, so far as we know, in which an attempt was made to secure primary union of the bladder after an operation for the removal of a foreign body.) The variety of methods of closing the wound after suprapubic lithotomy is very great, but they may all be divided into those which close the bladder wall independently and those which close this and the wall of the abdomen together. The latter procedure has not been often carried out, although it has sometimes secured a brilliant result. The former has been done a considerable number of times, probably not much less than a hundred. The results have been so far from uniformly successful that it may be seriously questioned whether or not suturing the bladder be a method to be recommended. It will be admitted that this question can only be answered in the affirmative, if theory alone be considered. And, however imperfect may be the success as yet attained by it, the ideal operation of lithotomy must be held to include closing the wound, and securing primary union. This has been done a good many times, and can be done yet more.

But, in the present state of the technique of suprapubic lithotomy, we think it safe to qualify our statement that suturing the bladder is to be regarded as essential to the ideal operation. The ideal operation implies conditions suited to it, and, without going into details, we think it will be acknowledged that such conditions are not found in a considerable number of cases of stone operations. Suturing the bladder is manifestly out of place in cases in which the condition of the bladder is such as to preclude the idea that it can heal up by primary union, or in cases in which free drainage is manifestly a desideratum. Again, it is not suited to cases in which the size, shape or position of the bladder, or of the neighboring parts is such as to make the procedure very difficult, or to prevent its being accurately—we may say perfectly—carried out. In these cases, certainly, it is far better to treat the wound after suprapubic lithotomy like the wound of perineal lithotomy—that is, to leave it open, and to secure free drainage through it.

For cases in which suturing the bladder is suitable, Znamenski recently proposed to bevel off the internal mucous edges of the wound, because he believed they got caught and turned in between the united edges when the sutures were tightened, and so prevented union. And Vincent has still more recently suggested beveling off the external edges of the wound in the bladder, so that, when the stitches are drawn upon, a larger fresh surface shall be brought together, and the chances of union thereby be increased. This idea, which he never put into practice, has been taken up and carried out by Gèza, of Antal, who reports in Langenbeck's Archiv, Bd. xxxii. 2 Heft, 1885, under the title "Eine Modificirte Sectio alta," a case of lithotomy and a case of removal of a morbid growth, in both of which he secured primary union by suturing the bladder in this way. The first patient was dismissed cured in twelve days, but was really fit to be dismissed in nine days. The second patient made an equally prompt recovery.

The plan of Dr. Géza consists in exposing the bladder by the usuul method, after distention of the bladder and the rectum, and then in freshening an eplliptical space a little longer than the proposed incision in the bladder and from one to one and a half centimetres in width. This freshening is carried so deep at the line of the proposed incision that there is little left but the mucous membrane of the bladder, which is afterwards incised and the stone removed. The sutures he uses are of silk, regdered antiseptic with corrosive sublimate; catgut, he belives, gives way too soon. Each stitch is to be applied so as to include all of the bladder wall, except the mucosa. The wound in Dr. Géza's case was covered with Lister's dressing, and a soft catheter left in the urethra.

It is worth while to call attention to this proposition of Dr. Géza, because it is ingenious, and, reasoning from the analogies of operations for vesico-vaginal fistula, its execution may be expected to make the sutures much more reliable than when they were applied in a simpler fashion. It is to be noted, too, that this is a very different thing from the Lembert suture, which is very good

in its way, but which seems to offer less hope of prompt union from the apposition of two serous surfaces than this one does from its apposition of two fresh-cut surfaces. In addition to this, the fact that it has already proved so successful in the hands of its proposer is strong recommendation to its further employment.

No study of the plans of suturing the bladder after suprapublic lithotomy would be complete which omitted consideration of an ingenious method used in 1876 by Dr. Starr, of Georgia, his patient recovering in sixteen days. This case was first reported by Dr. Dulles, in an article on suprapubic lithotomy in the American Journal of the Medical Sciences for July, 1877, and again, by the operator in the Atlanta Medical and Surgical Journal for December, 1877. The suture used was of silver wire; it was interrupted; each stitch was passed into the abdominal wall at one side of the wound and made to include a small portion of the outer layers of the bladder wall; it then passed across the incision and included a similar small portion of the outer layers of the bladder wall on the other side; it then passed up through the abdominal wall to the surface. When drawn tight it slightly inverted the bladder walls and brought the edges of the abdominal incision close together. It is easy to see that this form of suture must tend to prevent burrowing of discharges between the bladder and parietes of the abdomen, while it gives a good hold to the stitches which close the bladder itself.

The success obtained by Dr. Starr in its use should encourage others to imitate him. Certainly no better result could be asked for than he obtained.

We sincerely hope that American surgeons will not be backward in contributing their share to the solution of the problem as to the best way to conduct this operation. Its present standing is largely due to their courage in defending and practising it at a time when it was held in much lower esteem than it is now; and we believe the genius in dealing with practical questions in medicine and surgery, which has always been conceded to them, cannot fail to prove of great value if applied to the question of the best method of treating the wound after suprapubic lithotomy."

THE PHYSIOGNOMY OF DISEASE.

r. J. B. Walker gave the following clinic on thi subject in the Philadelphia Hospital.—*Med. an Surg. Roporter:*

ust as we are able to recognize the features of ou intimate friend and call him by name before he akes his identity known to us, so with the ou vard features of disease; there is a physiog no y, a feature or external expression of internal dis ase that is more or less characteristic. But, just as we find it difficult to so accurately describe the features of a friend to a third party that he can recognize him, so is it with the description of this physiognomy of disease. But, let the third person once see our friend, and he will thereafter recognize him; so it is with disease.

Malarial Fevers.—When a patient is pale and anæmic, the mucous surfaces pallid, conjunctiva pale, tongue pale, lips blanched and but slightly colored, we may suspect some malarial cachexia. In this connection, Dr. Walker makes a strong argument for the use of capsicum in malarial fevers; he thinks it is not ordered nearly enough. It seems to aid and increase the power of quinine and prevents it from deranging the stomach.

℞. Quinine sulph., ... gr. c.
Oleo resin. capsici., ... gr. xii.
M. and div. in pil. No. 1.
S.—Two pils every four hours.

Bright's Disease.—In this disease, while there is no absolute certainty in the appearances presented in the face, yet the physiognomy is sufficiently characteristic to cause us to suspect the disease when certain peculiarities are observed. When, while there may not be marked œdema, there is yet sufficient puffiness of the face to cloud or displace the ordinary lines; when the blood vessels are distended, showing us red lines in the cheeks and nose, when there is sagging of the cheeks, a fullness of the jowls, and a peculiar earthy, pearly pallor, we have reason to look for Bright's disease. There is often noted a peculiarity of gait, consisting of a difficulty in keeping the equilibrium, due, most likely, to the influence on the brain of an imperfectly depurated blood, owing to the faulty action of the kidney.

From a distance, the face may sometimes present a ruddy hue, but closer examination will demonstrate this to be due to dilated blood-vessels and ecchymotic spots. The superficial arteries and veins of the head and neck are tortuous and dilated, being sometimes visible from a distance. The arcus senilis is another evidence often found. Atheroma of arteries and arcus senilis are surface indications of granular nephritis. But such appearances may be present when there is no Bright's disease, as, for example, the result of syphilitic infection or chronic alcoholism. Œdema (general) or ascites rarely occur in a marked form in granular or interstitial nephritis, but it may occur when this form of the disease is complicated with an attack of *catarrhal* nephritis, to which form dropsy peculiarly belongs; it may also occur in the waxy form, but is not so common there.

Carcinoma.—Dr. W. calls especial attention to a peculiar glistening sheen of the surface (not unlike moonlight on the water) as very characteristic of carcinoma. It is not always present, but when it is observed it is a very strong sign; indeed, Dr. W. has only seen it once where the autopsy has

failed to reveal cancer, and in that case he is not certain that the disease may not have existed in some portion of the body not examined. The illustrative case had an expression of suffering, while the skin was much jaundiced. This glistening sheen is scale-like, so to speak ; not scales that you can scrape off, but the glistening surface is marked by lines that do not glisten. It is most frequently present on the surface of the abdomen.

Typhoid Fever.—There is flushing of the cheeks (no sordes in the illustrative case, because the nursing is good); apathy is marked, so much so that flies walk unnoticed over the face ; the eyes are half closed, the mouth open, and he breathes through it.

This being a typical case of typhoid, Dr. W. made a few remarks on the disease. When the morning temperature is below 102° and the evening temperature not above 104°, it is a satisfactory condition. While the eruption may occur in tubercular lesions, yet it does so so rarely that they may be considered characteristic of typhoid. They are circumscribed, elevated, and rosy ; rarely punctate, but occasionally become vesicular. They will disappear on pressure and after death. They generally appear on the trunk, but rarely on the extremities, though he has seen them on the hands. In order to be sure about the disappearance on pressure, we should place a finger on either side and stretch the vessel, for if we simply press on the spot and remove the pressure, the pressed-out blood will flow back so rapidly that we cannot be sure whether it has disappeared or not.

DANGERS OF ANTITHERMIC REMEDIES.

In a recent therapeutical conference, Dr. Dujardin-Beaumetz discusses resorcine, kairine, thalline, and antipyrine, and advises caution in their use, of the first three agents especially, from their active toxic effects. After referring to the eminently antiputrefying and antifermentive properties of resorcine, he states that he had used it in pyrexia without obvious effects, probably on account of the smallness of the dose. He finally abandoned it altogether in the treatment of rheumatism and typhoid fever, not so much on account of its want of power as because he observed toxic symptoms. Resorcine is not only an irritant, it is also a toxic agent; and in his experiments upon dogs it was determined that a dose of thirty centigrammes per kilo of weight of the animal produced convulsive phenomena, and death was caused when the proportionate dose was increased to ninety centigrammes. After death, visceral congestions were discovered, and especially very intense pulmonary engorgement, as in animals poisoned by carbolic acid. Man is even more susceptible to the effects of resorcine than dogs. Munel reports a case in which a single dose of three and a half grammes (fifty-three grains) rapidly induced a condition of great gravity, which, however, was finally overcome.

Dr. Beaumetz says, "While recognizing resorcine as less toxic than phenic acid, I conclude that it is a dangerous antithermic agent, for I found in my typhoid patients treated with resorcine the same depression of forces, the same adynamia, the same pulmonary congestion, which I had found in those to whom I had administered phenic acid. I have therefore abandoned this medication, and I believe that, even in Germany, resorcine is not much employed internally, but it remains, on the contrary, a very valuable remedy for external use in the treatment of unhealthy wounds."

Kairine is an antithermic acting by diminishing the respiratory power of the blood and destroying hæmoglobin. The recent researches of Brouardel and Paul Loye confirm this view, and show that thalline and kairine exert the same destructive effect upon hæmoglobin. Moreover, contrary to the usual action of antithermic agents, kairine and thalline have no influence whatever upon fermentations. "Kairine should therefore be rejected from therapeutics; it is a dangerous drug, since it only produces antithermic effects by destroying the hæmoglobin and profoundly altering the blood, circumstances which should be avoided in the infectious febrile diseases."

Antipyrine is less toxic than either resorcine or carbolic acid. While it takes a gramme of resorcine per kilo to kill a rabbit, it takes 1.60 grammes per kilogramme of antipyrine. The toxic effect, moreover, is almost the same; it produces tetanic and paralytic symptoms analogous to those caused by strychnine-poisoning. It cannot be doubted, therefore, that antipyrine acts upon the cerebro-spinal axis, and it is probable that it lowers the temperature by modifying the nervous heat-centres. Contrary to kairine, antipyrine does not appear to change the liquor sanguinis, and particularly the hæmoglobin. It has also hæmostatic properties which Henoch declares superior to those of ergotine and of chloride of iron. (This is worth bearing in mind in treating hæmoptysis.) Antipyrine diminishes the urinary secretion, but increases the action of the glands of the skin, which renders it inconvenient to use it in cases of tuberculosis. Like the phenols and oxyphenols, antipyrine is an antiferment. The study of recent antithermics shows that the effects of these new agents vary with the nature of the fever; a temperature of 104° in a phthisical patient will be lowered by fifty centigrammes of antipyrine, while in a typhoid case it might be without effect.—*Bull de Therapeutique*, August 30.

WHY DOCTORS' BILLS ARE SOMETIMES UNPAID.—One reason why bills of physicians are unpaid s

negligence in collecting them. This is especially the case when mechanics and other persons of limited incomes are treated. Despite the temptations which constantly beset the honest clerk, and others of his ilk, to dodge pecuniary responsibility through the many avenues of medical charity, there is at first an inclination to pay the doctor, if reasonable opportunities are offered for so doing. Too often, however, the medical attendant, actuated by false pride on one hand and an eagerness for business on the other, allows the money question to be in abeyance until the bill becomes relatively of startling size. The clerk and mechanic, as a rule, are persons who are accustomed to pay small bills, and to do so frequently. They themselves are paid weekly, and if provident, calculate their expenditures regarding board, room rent, clothes, and family necessities to a nicety. They belong to the pay-as-you-go class, although their business is on a small scale. The trouble, however, is that the family physician generally places himself above that scale and suffers accordingly. If his bills were presented even weekly he might have a chance to be served with the same consideration as the grocer, the butcher, and the baker. But he believes it unprofessional to be pecuniarily concerned, and the consequence is that the patient gets into the habit of believing that the doctor's bills are the hardest of all to pay. It does not appear to him that there is so much necessity about it. The doctor by his indifferent manner gives him to understand that there is no pressing necessity about it, and the patient acts accordingly. The bill consequently runs on until in the course of weeks and months of attendance it amounts to possibly fifty dollars or more. The patient paying week by week for what he is taught to believe by the ordinary tradesmen are his cash necessities has nothing left for the forced luxury of medical services, the large bill becoming a mill stone about his neck. If he reasons with himself he must acknowledge that the dues are just, but how to get blood out of a stone is a dreadfully perplexing problem with him. He may possibly commence to economize, in order to offset what he coaxes himself to believe is an infliction, for few men receive a doctor's bill joyously. But pressing necessities for ready cash in his household present themselves and offset his best intentions. The medical attendant in the meantime sends his collector. The l tter always arrives at an inopportune moment. H e is generally as much out of place under the c cumstances as is the skeleton at the feast. He i sometimes not even treated as a friend who c mes to help the impecunious sufferer out of diffic lties. His purer motives are misinterpreted, a d his smiling overtures are received with studied c lness. If he talks of discharging obligations to t doctor, the good wife, who was once sick, is now v l enough to take her part. The visits were made oftener than was necessary, at least so she now thinks, and the charges were exorbitant; at all events the doctor must be patient until they get the money. But alas! the medical attendant waits in vain, even long after the enterprising collector has given up the case. Little Johnny is taken sick in due time. The doctor is sent for and will not come. The family are now righteously angry. Then the retaliatory spirit asserts itself. What might have been treasure on the earth for the expectant creditor, has been transferred to an account that can only be collected hereafter. Johnny's father feels indignant and independent. Hereafter he will do his doctor business on cash principles, and he takes Johnny to the Out-Patient Department of the New York Hospital, pays his dollar and takes his choice. His pretended poverty is counterbalanced by his respectability, and he reproaches himself for not taking advantage of such opportunities before, The only way, under the circumstances, for the doctor to get such patients back again, is to secure an appointment in the Department, and be privileged to treat them for nothing.—*Med. Record.*

NEW RESEARCHES UPON BRIGHT'S DISEASE.—Prof. Semmola deduces the following conclusions *(La Med. Contemp.)* from the results of his latest experimental and clinical researches upon Bright's disease:

1. Albumen can traverse the renal tissue without any previous alteration in the histological elements of the kidney, and without leaving any trace of its passage.

2. If the passage of albumen be persistent, the first effect is hyperemia with intraglomerular and intratubular hemorrhage, and the capsule is distended in a mass after boiling, and sometimes is simply raised and separated from the glomerulus by an empty space. There is also observed considerable migration of leucocytes without any alteration of the epithelium. The urine contains hyaline cylinders. These are the first results of an inflammatory action in relation with the functional activity of the kidney.

3. If the functional process persists beyond even eight or ten days, especially with the injection of albumen in the proportion of one gram for every thousand grams of the animal's weight, the invading process is attended by a mild inflammatory action, in addition to a turbid swelling of the epithelium of the tubules, fatty degeneration, and thickening of the intratubular connective tissue.

This proves that the functional activity which the kidney must sustain in the gradual and prolonged elimination of unassimilable albumen, is apt to provoke successively in different parts of the organ an inflammatory process, which, commencing in simple hyperemia, may result finally in the establishment of interstitial nephritis. Prof. Sem-

mola is convinced by repeating the experiments and injecting very minute quantities of albumen, in order to have the experiments well under control and preserve the life of the dog for seven or eight months, that they will result in producing the last phases of the large white kidney -that is to say, the atrophic kidney.

4. The histological alterations in the kidney persist for some time after the injection of the albumen without producing a continuation of the albuminuria.

5. Along with the elimination of albumen with the urine is also observed albuminocholia; that is to say, the elimination of a certain quantity of albumen with the bile.

In relation with the above experiments, Prof. Semmola proposes to continue his researches on the pathology of Bright's disease with the following experiments to determine:

1. The comparative influence upon renal elimination produced by the injection of albuminose, which is presumably more assimilable, such as serum of blood, albumino-peptones, white of egg and milk.

2. The influence of albuminous injections upon the crasis of the blood, and upon the elimination of a quantity of albumen greater than that injected.

3. The influence of albumen injections upon degree of activity in the combustion of nitrogenous matters and upon the production of urea.

4. The influence of albuminose injections upon the dycrasic condition of the blood, and their relations with the production of anasarca.—*Lon. Med. News.*

A VALUABLE REMEDY FOR HEADACHE.—The *Phys. and Surg. Investigator* calls attention to the following treatment for many kinds of headache.

"We lay no claims to originality, nor do we know who the originator was, but having used it for a year or more, and in many cases with remarkable results, we feel disposed to give it our indorsement, and desire to make it more generally known. The remedy is nothing more or less than a solution of the bisulphide of carbon. A wide-mouthed, glass stoppered bottle is half-filled with cotton or fine sponge and upon this two or three drams of the solution are poured. When occasion for its use occurs the mouth of the bottle is to be applied to the temple or as near as possible to the seat of pain, so closely that none of the volatile vapor may escape, and retained there four or five minutes or longer. For a minute or so nothing is felt, then comes a sense of tingling, which in a few minutes—three or four usually—becomes rather severe, but which subsides almost immediately if the bottle be removed, and any redness of the skin that may occur will also quickly subside. It may be re-applied, if necessary, several times in the day, and it generally acts like magic, giving immediate relief.

We believe this was the basis of a once popular nostrum. The class of headache to which it seems especially adapted is that which may be grouped under the broad term of "nervous." Thus neuralgic, periodic and hysterical headaches are almost invariably relieved by it. True, the relief of a mere symptom is quite another thing from the removal of its cause, yet no one who has seen the distress and even agony caused by severe and frequently recurring headache (and who has not?) but will rejoice to be able to afford relief in so prompt and simple a manner; besides it is sure to seeure the hearty gratitude of the patient if he has suffered long. As to the modus operandi we have nothing more definite than a theory to offer, and that is that the vapor being absorbed through the skin produces a sedative effect upon the superficial nerves of the part to which it is applied. We know by experiment that its influence is not due to its power as a counter-irritant. We however know that it does act, and if we do not clearly see in what way it acts, that is no more than can be said of several other remedies which are firmly established in professional favor and confidence."

THE NATURE AND TREATMENT OF OZÆNA.—At the International Medical Congress held in London three years ago M. Lœwenberg, of Paris, referred, in the discussion on ozæna, to the invariable presence in the nasal mucus of those affected with ozæna of a special microbe said to be unique and characteristic. It was a micrococcus of very large size, which always occurred in pairs and chains, and was for the most part motionless. In 1878, M. B. Fraenkel affirmed that the mucus secreted in ozæna consisted for the greater part of pus-corpuscles plentifully strewn with micrococci. The only writer besides Lœwenberg who has made extensive researches on the micro-organisms of ozæna is M. E. Fraenkel, and, what is not so very unusual in these matters, the observers differ considerably from one another in their respective descriptions of the micro-organisms to be found in cases of ozæna. But Lœwenberg explains the difference by pointing out the divergence in the methods employed to detect the micro-organisms. He examines simply the masses that are discharged from the nose in ozæna, whilst Fraenkel investigated the secretion that soaked into the plugs of cotton-wool with which he treated his cases of ozæna. Lœwenberg, in a pamphlet recently published, believes that ozæna is a specific disease due to the presence and growth of his micrococcus; it is also regarded as a contagious affection. Energetic parasiticidal or antiseptic treatment is the necessary sequence of the above conclusions. He employs a nasal douche made with a weak solution of corrosive sublimate, of which the strength to commence with

should be 1 part of the sublimate to 10,000 parts of water ; it should gradually be made stronger as the patient becomes accustomed to its use. Insufflations of impalpable boric acid powder are also recommended. Lœwenberg claims to have had a remarkable success in his treatment of "rhinitis chronica atrophicans fœtida."—*Lancet.*

INFLUENCE OF CIMICIFUGA UPON PARTURITION.—After a *résumé* of the medical history of the drug, Dr. Knox (Chicago Gynæcological Society), gave the results of his clinical observations in one hundred and sixty cases of labor,—fifty seven primiparæ, ninety-three multiparæ—in which black cohosh had been exhibited. The average duration of the first and second stages of labor, in normal cases, in primaparæ, was seventeen and three hours respectively. Under the influence of black cohosh, the duration of the first and second stages of labor, in the fifty-seven cases observed, was six and one-quarter and one and three-quarters hours respectively. The average duration of the first and second stages, in normal cases, in multiparæ, was twelve and one hours respectively. Under the influence of black cohosh, in the ninety-three cases observed, the average duration of the first and second stages was three hours and twenty-seven minutes respectively.

From these clinical observations Dr. Knox drew the following conclusions :

1. Cimicifuga has a positive sedative effect upon the parturient woman, quieting reflex irritability, nausea, pruritus, and insomnia, so common in the last six weeks of pregnancy ; it always renders them less distressing, and they often disappear under its administration.

2. Cimicifuga has a positive antispasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. Cimicifuga relaxes uterine muscular fibre, and the soft part of the parturient canal, by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. Cimicifuga increases the energy and rhythm of
: pains in the second stage of labor.
). It is my belief that cimicifuga, like ergot,
intains a better contraction of the uterus after
ivery.
t is his habit, however, to administer fifteen to
rty minims of the fluid extract of ergot after
birth of the fœtal head, and he has had but
opportunities of testing this effect of the
osh. His method of administration has been
ive fifteen minims of the fluid extract of cimicifuga in compound syrup of sarsaparilla each night for four weeks before the expected confinement. One fluid ounce of the fluid extract of cimicifuga to three fluid ounces of compound syrup of sarsaparilla—dose, one teaspoonful—makes just the required quantity.—*Jour. Am. Med. Ass.*

RECOVERY FROM MALIGNANT PUSTULE.—Dr. W. E. Buck records this case (*Brit. Med. Jour.*) - Mr. F——, aged thirty-one, a veterinary surgeon, experienced on October 6th a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, and there was some tenderness of the elbow and armpit. He had a slight rigor. On October 8th he was seen by Dr. Meadows, who prescribed some salicylate of soda and tincture of aconite, in frequent doses, as his temperature was 104°, and the rigors continued almost the whole of the day. A black eschar began to form on the afternoon of the 8th, and on the 9th it became about the size of a sixpence ; its base was red and œdematous, and surrounded by some vesicles in a circular shape. The temperature was nearly 104°; the patient felt cold, and the tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered also a large quantity of meat. Under this treatment he rapidly improved. On October 12th we again injected carbolic acid. The temperature came down, and, as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid, a mode of treatment which does not seem very painful. There was a clear history of the disease, which was contracted exactly twelve days before its first appearance, Mr. F—— having examined the flesh of an animal that had died from anthrax.

EXCISION OF THE HIP.—Dr. Wm. Alexander, of Liverpool, closes an interesting paper on excision of the hip, in the *Med. and Chirurg. Journal*, as follows :

1 That hip disease should, in the earlier stages, be treated by that absolute and perfect rest obtained by means of Thomas' splint.

2. That this treatment, thoroughly and persistently carried out for a long period, will cure a large percentage of joint diseases.

3. Unfortunately, this treatment cannot and is not persistently carried out amongst the poor.

4. Many of these patients could be saved by excising the joint when a decided second stage of hip disease has been reached. Excision is best performed by severing the femur above the trochanter, clearing out the acetabulum, and maintaining the opposing bones so far apart that their surfaces can resume a healthy condition and the aperture be filled up with fibrous tissue. By this means an excellent false joint if formed, or, if the adhesions become too firm, a good stiff joint.

5. That the advent of the stage of this disease suitable for excision is indicated by repeated formations of abscesses around the joints.

6. That when the supra-trochanteric mode of excision cannot be performed with any chance of success, then the alternative is either continued expectancy or amputation.

7. That it is a great mistake to imagine that all softened bone or infiltrated tissue should be cleared away by the operator. All he has got to do is to clear a space, where the operations of nature, in dealing with diseased or disabled tissues, can be carried out as easily and expeditiously as possible. The operator should remove all manifestly dead tissue; but the doubtful should be left alone to be dealt with by nature.

THE BLOOD IN TYPHOID FEVER.—The systematic examination of the blood during and after acute specific fevers would, we believe, yield results of very high importance, and we recommend such a subject of study to our younger scientists. The investigations should be made from many points of view. Thus, the corpuscular richness, the relative quantity of hæmoglobin contained in each red disc, the state of the fluid portion, both as to its quality and quantity, should each receive consideration. Dr. Frederick Henry, of Philadelphia, has made a partial investigation of the blood during and after typhoid fever. He finds that the number of red discs is about the normal during the fever, but is very much less than normal after the fever. This apparently paradoxical observation is explained on the ground that during the pyrexia the fluid portion of the blood is diminished in quantity, causing a relative plethora. After the fever has subsided, the "water" of the blood again becomes normal, and the red corpuscles assume their proper portion in relation to it. Thus we have a genuine anæmia, which really existed, though masked, during the fever. Dr. Henry is of opinion that patients suffering from typhoid fever should take water as a medicine, as well as to relieve thirst. Similar views have been expressed by other physicians.—*Lancet.*

CANNABIS INDICA AS A NARCOTIC.—H. Lewis Jones, M. B., Cantab., gives the following in the *London Practitioner:*

This drug has proved of great use in a number of cases where I have desired to produce sleep, especially where sleeplessness was accompanied by delirium. In the delirium of typhoid fever and erysipelas, and in delirium tremens, it is most valuable, a few doses being sufficient to give refreshing sleep. It is important to give the drug in sufficiently large doses. Two or three grains of the extract can be taken in the form of pill every four or every six hours; frequently the first dose is sufficient. I now prescribe cannabis indica as the routine treatment in all cases of delirium tremens coming under my care, whether simple or complicating injury or disease.

In only one case has there been complaint of hallucinations. It had been ordered for a case of typhoid fever with much sleeplessness, in an excitable young woman; after two or three doses she asked that the drug might be discontinued, saying that it caused her to see visions of beautiful gardens and the like. All the other patients have been hospital cases. It is possible that among educated people mental disturbance would be more frequent. I have heard of one case where two grains of the extract were said to have made a woman temporarily quite mad. Personally doses of the extract of Indian hemp, up to four grains, produce a mild narcotic effect, the only abnormal sensations noticed being numbness of the extremities and slight mental confusion.

REMEDIES FOR SKIN DISEASES IN THE FORM OF SPRAY.—Dr. Hardaway highly recommends spray as a vehicle in the treatment of affections of the skin. His usual habit is to prescribe a solution of definite strength from which the bottle of an ordinary handball apparatus is filled, and the patient is then directed to throw the fine spray on the parts affected. Any substance that is "sprayable," either in its liquid form (diluted or pure) or in a state of solution, may thus be employed,—*e. g.*, carbolic acid, sulphate of zinc, lotions of grindelia robusta, thymol, liq. picis alkalinus, and fluid cosmoline (medicated or not). In the case of the fluid cosmoline, the tube of the atomizer should be large. The spray finds its greatest range of usefulness in diseases affecting large areas and in that class of disorders accompanied by itching and a more or less unbroken cuticle,—viz., pruritus, urticaria, papular eczema, and the like. In generalized pruritus he had had good results from spraying on a lotion of the following sort: carbolic acid, three to four drachms; glycerine, one ounce; and water, a pint. After the bottle of the atomizer had been filled, he sometimes directs the patient to add from five to ten drops of the oil of peppermint. The atomizer-bottle should be thoroughly shaken before the bulb is compressed, in order to diffuse the peppermint through the mixture, as otherwise it would merely float on top. In many instances the spray is far superior to mopping on lotions with a sponge

or rag, being neater and less troublesome, getting the remedy more evenly and uniformly applied over the surface, and usually giving more speedy relief.—*Jour. of Cut. and Ven. Dis.*

THE TREATMENT OF PUERPERAL ECLAMPSIA.—M. Chambert, in his Thèse pour le Doctorat en Médicine, Paris, 1884, (*Medical Chronicle*), gives an account of eight women attacked with puerperal convulsions, one of whom died. The treatment pursued was uniform, and the same as recommended at the conclusion of his thesis. The value of his thesis consists in a concise statement of the treatment which is at present generally accepted in Paris as the best, although violently opposed by Professor Pajot and other eminent obstetricians.

M. Chambert's conclusions are :

1. A woman presenting the following symptoms, albuminous urine, œdema of the lower limbs, headache, troubles of vision, etc., should be placed on an "absolute milk diet."

2. After convulsions have occurred the bowels should be cleared out, and then an injection should immediately be given containing six or eight grammes (90 to 120 grains) of chloral, according to the intensity of the convulsions. If the temperature rises this should be repeated after two hours, and if the convulsions still persist, the patient should inhale chloroform. The usual formula for the injection is—new milk ℥ iij, yolk of one egg, chloral hydrate grs. 90.

In a plethoric patient, with symptoms of congestion, it is permissible to bleed to an amount not exceeding 16 ounces.

3. In every case the termination of labor should be hastened, provided dilatation of the os is complete, the forceps being applied or version employed if there is the least delay in the expulsive stage of labor.

The milk regimen should be continued till albuminuria has completely disappeared, and if, after labor is over, convulsions threaten or actually occur, a draught of 90 to 120 grains of chloral may be expected to arrest the attacks. Milk regimen, chloral and chloroform are the most powerful means of modifying the unknown cause, which produces puerperal eclampsia.—*Am. Med. Digest.*

THE TREATMENT OF GANGRENOUS INTESTINE IN STRANGULATED HERNIA.—In a paper having the above title, W. Mitchell Banks, F.R.C.S., (*London Medical Times*), sums up the following conclusions:

1. That when gangrenous gut is discovered in hernial sac, no attempt whatever should be made to divide the stricture.

2. That practical experience is required to determine the expediency of drawing down into the hernial opening a fresh piece of bowel.

3. That the cases appropriate for resection of the gut must be very few, requiring, as it does, that the patient should be young and vigorous, with abundant reparative power; that the hernial sac should not be full of putrid pus or evacuations from a perforated bowel; and that the operation should be done in daylight, and with competent assistance and antiseptic precautions. So far the statistics of resection of gangrenous bowel show a mortality of 52 per cent., whereas by making an artificial anus all the patient's immediately dangerous symptoms are relieved, while he has a chance of subsequent cure (*a*) by spontaneous closure of the aperture; (*b*) by the use of the enterotome or the rubber tube; and (*c*) by the employment of resection at a later stage, the statistics of which show a mortality of only 38 per cent.

4. That in resecting a bowel it is not necessary to have an apparatus to distend it, and that while the fingers of an able assistant will generally serve to control the divided ends, it may be necessary to to use some simple clamping instrument having parallel blades and covered with rubber.—*Med. Jour.*

SCHULTZ'S METHOD OF RESUSCITATING THE NEW BORN CHILD.—At the last annual meeting of the Medical and Chirurgical Faculty of Maryland, Dr. Neale (*Med. Record*), illustrated Schultz's method of resuscitating the new born child in case of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator, and its anterior surface to the front; it is then swung upwards so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then in a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Sylvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.

NEVER OVERLOOK AN OVER-DISTENDED BLADDER.—A writer reproduces the histories of several cases of retention of urine, in which the over-distended bladder was mistaken for abdominal tumor. In the comments following, a case is related in which the writer was called in consultation to examine a woman recently confined, in whom incontinence of urine had led to the suspicion of vesico-vaginal fistula. The withdrawal of three quarts of offensive urine cleared up the diagnosis.

The case last related recalls very vividly an incident in the lying-in ward of the Charity Hospital, which occurred some years ago, in the days of Prof. Frank Hawthorn. A two-hundred-pound negro woman recently confined, was "passing her water in bed" to the satisfaction of the nurse and

the resident student. But to the professor, on his morning visit, the words in quotation were ominous. A gum-elastic catheter was introduced in the presence of the medical class, and to the present writer, more especially, it did seem that the flow of urine would never cease.—*Md. Med. Jour.*

FROSTBITTEN FINGERS AND TOES.—Dr. Lapatin, in the *Proceedings of the Caucasian Medical Society*, advises that fingers and toes which have been slightly frostbitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once, and afterwards twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days, the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual amongst soldiers, who were unable to wear their boots, in consequence of having had frozen feet. They were, in this way, soon rendered capable of returning to duty.—*British Med. Jour.*, Sept. 5th.

The Denver *Medical Times* puts the matter of abortion in the following forcible anecdote: A woman carrying her 12-months' old child consulted a doctor to have an abortion performed, giving as her reason that she could take care of one child, but not of two. "So you want one of them destroyed?" suggested the doctor. "Yes," replied the mother, with lowered voice and dropping her head. The doctor seized a hatchet and rushed at the child in her arms as if to brain it. "In Heaven's name," shrieked the woman, "Do you mean to murder my darling?" "Madam,' 'replied the doctor, "you want one of your children killed. I prefer to kill the one in your arms, for in attempting to kill the other I might possibly also kill you, and thus be a double murderer."

HYDRASTIS IN UTERINE DISEASES.—Dr. Shivestizeyeff writes to the Moscow *Medical Review* of the satisfactory results he has obtained by the use of hydrastis canadensis in uterine hæmorrhages of various kinds due to hyperæmic conditions of the organ. He gives 20 drops of the fluid extract. The same remedy is, he says, useful in cases where the uterus is enlarged with ulcerated mucous membrane, giving off a copious exudation. Also in cases of dyspepsia due to disorder of the female sexual organs. The drug acts, according to Shatz and Mendes de Leon, on the vessels of the uterus, not, like secale cornutum, on the muscular strictures: but it is at present doubtful to which of the three alkaloids—hydrastin, berberin, and another which is not yet known—the hæmostatic action is due.—*Lancet.*

DELIRIUM IN BRIGHT'S DISEASE.—On the occasion of a case of delirium in Bright's disease being read at the Paris Hospital Medical Society, Dr. Quinquaud observed (*Gazette hebdomadaire*, August 28th), that in clinical practice great difficulty often exists in determining whether this symptom arises from primary cerebral disease, or is an uræmic manifestation. But there is a very simple means of determining the point; for if analysis of blood obtained by cupping reveals an excess of urea, we have to do with uræmic accidents. This is almost a constant rule whatever may be the pathogeny of the uræmia. There is no proof that excess of urea in the blood is the proximate cause of the morbid manifestation, but when uræmia exists, this excess is almost always met with.—*London Med. Times*, Sept. 5.

SUBINVOLUTION OF THE UTERUS.—Dr. F. Ellingwood (Chicago) considers fluid extract of ergot and bromide of potassium as specifics in subinvolution. Regarding the benefit to be obtained from electricity we quote as follows: "Electricity is a most powerful adjuvant, and if used in the form of the mild galvanic current, will rapidly produce an amelioration of the symptoms, and, if used immediately subsequent to confinement, will absolutely prevent the conditions, and the long train of evils which will surely follow, and will restore the whom rapidly to its normal state. The galvanic current, judiciously applied, will accomplish this restoration in three weeks."—*Weekly Med. Review.*

TREATMENT OF HICCOUGH BY COMPRESSION OF THE PHRENIC AND PNEUMOGASTRIC NERVES.—To properly perform this operation, Dr. Grognot advises us (*Bull. gén. de. thérap.*) to use the thumb and index finger, one on either side symmetrically, applying pressure sufficiently strong to cause the spasm to disappear. One or two minutes, as a rule, sometimes less, are sufficient; meanwhile the patient's head must be kept immovable. Four or five centimetres of the inferior clavicular portion of the sterno-cleido-mastoid muscle lie directly over these neves, and it is here that the pressure is to be made.—*Med. and Surg. Rep.*, Oct. 10th.

ASTRINGENT FOR THE URINARY TRACT.—Gallic acid is probably the best hæmostatic in bleeding from the kidneys, bladder or urethra. It should be given at frequent intervals, in doses of about ten grains, and is best taken in water.—*Med. World.*

WE understand that Dr. Wallace, of Liverpoo has successfully performed resection of the female bladder for cancer by abdominal section, being we believe, the first time the operation has been performed in this country. The patient is progressing favorably, seven days having elapsed since the operation. —*Lancet.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, JANUARY, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

THE MILK DIET.

For a long time past the belief has been propagated by the medical profession that milk is a food suitable for all ages and conditions of man. But it is quite possible to overdo even a good thing and that is just what we believe has happened in regard to milk as a diet. To make this statement good requires but little reflection, and less scientific information. If for no other reason, individual idiosyncracies will always stand in the way of any attempt at setting up a uniform diet. That this has been the tendency for a generation all must admit. Milk has been persistently extolled and held up to all, whether in sickness or health, as the food of foods. The young, the middle aged and the old are recommended to use it. When sickness overtakes us the injunction becomes imperative, and now we must partake of it, and live on it, whether we have been able to do so before or not. A milk diet is all the rage—the fashionable diet, and even in the calm domain of medicine fashion is not wanting in power and contagiousness.

In making these remarks it is not intended to disparage milk as an article of diet, but rather to ascertain its proper place as food. A thing good in a general sense, may be bad in a particular case. To this rule, milk is not an exception to the extent that present opinions and practices would lead us to think.

Nature designs milk as the first aliment for the young. Its constituent elements are exactly suited to the wants of the organism. For a time these conditions work out this design. Soon a change comes over the infant organism, usually ushered in by the process of dentition. Slowly but surely, the child voluntarily and instinctively relinquishes its favorite food. Gradually too, nature's generous fountain dries up, and the child is left to draw on other forms of food allotted to man's use. This looks very much like a hint from nature not to use milk after the period of complete dentition. From these facts we learn at least two things. First, that the infant organism is *peculiarly* adapted to the assimilation of milk. Secondly, that this peculiar adaptation is in a large measure diminished during and after the period of dentition. It follows, as a natural consequence, that adults have a smaller capacity than children for the assimilation of a milk diet. We know well, that many adults are unable to digest milk in any form. Some young children, even, are unable to do so. Most persons can dispose of a moderate quantity, but this affords no proof of adaptability.

These remarks are also supported by evidence taken directly from nature herself, by the common people. The cheese-maker never searches for the true ferment of milk in the stomach of the bullock. He always goes direct to the stomach of the calf, where he knows he will find it in greatest abundance. Here, we have a scientific explanation of facts, known from observation and experience. It is not assuming too much to say, that this gastric ferment, in the young, is assisted in the work of assimilation by the other secretions of the alimentary tract. Notwithstanding these unquestioned advantages, there are times in the history of the young, in severe cholera infantum, for example, where the continuance of milk is certain death. In drawing our comparisons, we should also bear in mind, the great difference between human and cow's milk. The former containing less casein coagulates much less firmly, and altogether is more easily digested. Nevertheless, experience has proved that children may do very well on cow's milk, with proper care and attention.

If our points are well taken, caution would seem to be suggested in recommending the use of milk to adults, even in a state of health. This is especially true of sweet or uncoagulated milk. The artificial coagulation of cow's milk is much

more perfect than that accomplished in the adult stomach. Hence buttermilk, and peptonized milk are more easily appropriated and much more suitable to the greater number of individuals. (See Therapeutics of Buttermilk, LANCET, August, 1883.) It is in this form that the porridge eaters of Scotland and Ireland use milk. When we come to consider milk as diet for weak digestion, and those prostrated by acute disease, we tread on dangerous ground, and if possible, words must be more thoughtfully and carefully spoken. It is hard to believe that disease creates anew a tolerance for milk. It is exceedingly unlikely, that a stomach which habitually rebelled against milk, in a state of health will become tolerant in a state of disease. The chances are all against such a belief. Again, consider how irrational it is to ask a person laboring under such an exhausting disease as typhoid fever, to live, weeks together, on a diet on which he would have starved, when well. As in the case of the child with cholera infantum, we have to consider also the probability of the formation and accumulation of firm and indigestible coagula, causing gastric and intestinal irritation and increase of temperature. This last difficulty may be effectually overcome by using only milk previously peptonized. This has the disadvantage however, of sometimes causing relaxation of the bowels, especially in cases where a tendency that way already exists. There is reason to fear that many valuable lives have been sacrificed at the shrine of the goddess of unreasoning routine. The whole question needs a more careful and patient investigation than it has yet received. Until such time as we have more convincing proof of the universal adaptability of milk, a middle course will be the safest to pursue. A mixed diet of broths, minced or pulped meats and jellies, eggs, farinaceous articles, and milk, in cases believed to be suitable, will be found, on the whole, to answer any indication, and to give the most satisfactory results.

LEPROSY IN NEW BRUNSWICK.

We have before us a most interesting report on Leprosy in New Brunswick, by Dr. J. C. Taché of Laval University and Dr. A. C. Smith, of the Medical Council of New Brunswick, and visiting physician to the Lazaretto at Tracadie. The report was prepared in answer to a series of questions submitted by His Excellency, the Minister of Foreign Affairs of the government of the Sandwich Islands.

The disease is known only in the two Counties of Gloucester and Northumberland, where it has existed for many years. It is the true Elephantiasis græcorum, and appears under two forms, viz: tubercular and anæsthetic leprosy, which so-called forms are, however, in the opinion of Drs. Taché and Smith the result of one common morbid state. In the former the skin and mucous membranes are chiefly involved; in the latter the nervous system. It is a specific disease characterized by the slow development of nodular growths in connection with the skin, mucous membranes and nerves; and, in the latter case, by the supervention of anæsthesia, and a tendency to ulcerative destruction. The disease rarely attacks the extremes of life, and indeed early infancy seems to possess complete immunity from it, early adult life showing the greatest number of cases. The progress of the disease is very variable, sometimes destroying life in a few years, while in other cases it lasts for a long period. There are now two cases in the Lazaretto which have lasted with constant symptoms for the respective periods of forty-six and thirty years. The early symptoms are a general uneasiness, drowsiness, irrepressible instinctive anxiety, undefined and not very severe pains followed by hyperæmia, hyperæsthesia, insensibility, maculæ, pemphigus, atrophic manifestations, and alopecia, especially of the eyebrows.

It is more common in the male sex than in the female, but the proportion varies as to time and place. It attacks persons of all races in proportion as they are exposed, lepers of French, English, Scotch and Irish descent having been known in New Brunswick, as also lepers of mixed origin. The persons afflicted with leprosy have with three exceptions belonged to the classes of farmers, fishermen and lumbermen and a mixture of them, being neither in affluence nor in destitution. The habits of the people generally are good, their sanitary surroundings as good as in neighboring parishes—domestic and personal cleanliness vary; food is abundant and of good quality, and they are robust, healthy and long-lived.

The circumstances which favor the development of leprosy in individuals and in groups of individuals are the close intimacy of family

life and the great sociability of the people. It does not appear that any particular circumstances of life favor the progress of the disease when once established in an individual, beyond what applies to all ailments, viz: anything which tends to depress the patient either mentally or physically has the effect of hastening the final scene.

While in the opinion of the writers the disease does not appear to be hereditary, they recognize the fact that offspring of leprous parents have transmitted to them certain organic peculiarities which render them easier preys to the disease when they are exposed to it. In answer to the question whether leprosy is dependent on or connected with syphilis or any other disease the reply is pointed, viz: that leprosy is a disease *sui generis*, and has no connection whatever with any other disease. The cause of the propagation of the disease Dr. Taché holds to be *contagion*, at the same time he recognizes the fact that leprosy is occasionally produced spontaneously. In support of the theory that the disease is contagious he instances a case of leprosy developed in a healthy young man by a discharge from a leprous ulcer coming in contact with his shoulder, the skin of which has been abraded by carrying the coffin containing the body of a deceased leper. Though his genealogy was traced for several generations back there had never been any leprosy in his family His sister developed the disease a few years after. One husband of a leprous woman and one wife of a leprous husband have had the disease in New Brunswick. The disease is frequently manifested in the sexual organs, and the inference drawn is that if the disease can be transmitted by actual contact, sexual intercourse may be a means of so transmitting it. Lepers are not permitted to mix freely with other members of society, but segregation has not latterly been as fully carried out by violent measures as it was formerly. The clergy unceasingly use their influence with the people in the direction of segregation, and with the happy results that all lepers with two exceptions have for many years resorted to the Lazaretto and remained there till the time of their death. The Lazaretto is maintained at the public expense, the inmates are under the care of Sisters of Charity, an dare ministered to by a chaplain and visited by a physician. The sanitary conditions are good, and though all is on a modest scale it has answered the purpose. The attendance and nursing are excellent, and the unfortunate inmates rendered as happy as they can be under such hopeless conditions.

The number of lepers in the institution in May 1885 was twenty-one, and the tabular report for the past ten years shows a decrease in the province from thirty-six in 1875, to twenty-five in 1885. This diminution in the number of lepers is due in the opinion of the authors of the report, to segregation of those affected, and to the improving condition of the population. The history of the disease shows that all medication is useless for its cure, but shows also that good hyienic conditions alleviate to a great extent the suffering of those afflicted, and lengthen the term of life left to them. The disease always kills unless the patient is carried off by some intercurrent disorder—spontaneous cure being unknown. Dr. Taché cites an interesting case which space will not permit us to give, from which he draws the following conclusions: That leprosy may attack a person free from any hereditary taint; that the fecundity of a woman *may* be preserved even when the malady has lasted a long time; that cohabitation may not communicate the disease; that children are born healthy, notwithstanding the existence of leprosy in the parents, although they may acquire it.

UNPROFESSIONAL ADVERTISING.

The question of unprofessional advertising is an old one, one which has been discussed from time immemorial, especially by the older members of the profession, who it may be supposed having made their mark by superior skill and hard work, object strongly to having their locality invaded by some young doctor, who by liberal use of printer's ink, flaming signs etc. makes or attempts to make a vigorous invasion of the older practitioner's territory. Now while the code may press heavily upon a young man who has thoroughly prepared himself for his profession, while he may and in most cases does grow restive under the silence imposed upon him, he sometimes adopts means for advertising himself which are certainly more unprofessional than gaudy fanlights, finger boards and all the other objectionable ways of letting the public know where he is. We refer to the charges made

by some regularly qualified practitioners for professional work. The term professsonal charge is hardly the proper one to use—price would be a better word to apply to the money paid for such jobs. No doubt many a young physician, struggling with pecuniary difficulties would be glad to gain a hold in his community by charging fifty cents for an office consultation did not the *esprit de corps*, properly belonging to the profession, prevent him from stooping to such means to establish a practice. There might be some excuse for such action in the case of a man struggling for existence, with whom it is fifty cents or nothing. But what shall we say of men well-endowed with this world's goods, who for the sake of increasing their popularity with a certain class, do a regular office practice at fifty cents a consultation, and *throw the medicine in.* Is not this a system of advertising more pernicious than the method of the man who says: "I shall put my name in the dailies, I shall put up all the signs I choose, I shall advertise myself openly, and what are you going to do about it?"

It is pretty generally admitted that no members of the community do more charitable work than medical men, but if they work for charity, then for any sake let it be called charity, and do not let the charge be lessened. If a man choose to pay visits, or give advice gratis surely he has a perfect right to do so, just as much right as has a grocer to give away packages of tea, or a dry goods merchant to present pieces of flannel to the poor of his neighborhood. But when a bill is paid let the patient understand fully that he is paying for say only one half the visits, and that the Dr. presents the rest of the bill. This will protect other members of the profession, who may not have the inclination to do much work for charity, and at the same time tend to keep up a certain amount of respect for professional services in the eyes of the poorer classes. Perhaps some of the fifty cent men consider themselves sufficiently paid at fifty cents a consultation, *medicine thrown in.* No doubt the advice is in such cases nearly as watery as the medicine, and the patient is not much the gainer after all. This "medicine thrown in" sounds very like the "prize in each and every package" cry which we hear from the mouths of touters of candy packages, etc., at the doors of booths in a circus ground.

Naturalists tell us they are undecided whether it is the sense of sight or smell which guides the turkey buzzard to the spot where the carcass lies. The bird may not have been seen in the vicinity for days, but let an animal die and be drawn out to the fields, and lo! they appear from the north, south, east and west, as if coming from the clouds. These same students of nature would be equally puzzled to explain how certain members of the *genus medicus* find their way to the scene of an accident. Explanation is difficult, but true it is that some men seem to scent an accident in the air, and localize it with unerring precision. They come as if from the clouds, but are sufficiently material to make themselves well-known to the reporter and bystanders. They have even been known to suggest to the medical man of the family when a consultation would suit them etc. Then there is the society advertising dodge, so well known, by which the Dr. makes himself agreeable to so many mammas, the "lodge" advertisement and others too numerous to mention. If we allow ourselves to moralize on the subject, and to ask why such a state of affairs should exist, we are met by numerous difficulties. Is it because the profession is sadly overcrowded? The answer is, not more than that of the law, and yet we do not hear of the same heartburnings among the members of that profession. The medical student is regarded by the ordinary lay mind as a being rather outside the pale of common decency, but as soon as he can sign himself M.D., and has begun practice all this is changed, he then takes his place as a respectable citizen, and by common consent is at least as good as his cousin the lawyer, and it cannot therefore be any inherent badness that makes the M.D. prey upon his brother's flock.

The question will in all probability remain unanswered, but we should be greatly gratified if some of the fifty cent consultation men, and twenty-five cent vaccination men would give us some explanation why they pursue a policy which lowers them in the eyes of their patients, makes bad blood between members of the profession, and eventually keeps money out of their own pockets.

A NEW HYPNOTIC.

A new hypnotic has been brought forward by Drs. Dujardin-Beaumetz and Bordet. The name

of the compound is phenyl-methyl-acetone, which being rather cumbersome has been replaced by the name *hypnone*, on account of its therapeutic use. From experiments made by Popof and others it appears the compound undergoes a decomposition, resulting in the formation of carbonic and benzoic acids, and is eventually eliminated by the kidneys in the form of hippurates.

It is a liquid at 20° C., and its boiling point is 198°. It has a specific gravity of 1015 to 1032; is not soluble in water, and has an odor resembling cherry-laurel. Its formula is $C_5 H_5 Co CH_3$. It was discovered by Friedel in 1857. The dose for an adult is from three to five drops, and is best administered in a little glycerine in a capsule. It produces profound slumber, and is said to be superior to chloral or paraldehyde in the insomnia of alcoholism. It was given to nine patients for fifteen days without producing any symptoms of intolerance. Owing to the elimination of acetone by the lungs, the breath became offensive. One advantage of the new drug is the small dose necessary to produce sleep.

THE COCAINE HABIT.—From Chicago comes a note of warning as to the abuse of cocaine. Dr. Bradley, a prominent physician had been addicted to the use of the drug in excess, and in a few months became a mental and physical wreck, and at the same time had injured the health of his wife and five children, some of them seriously. It appears to be more fascinating than alcohol, opium, chloral, etc., and the victim seems even more helpless to throw off its yoke. Several physicians have testified to its baneful influence, stating that it works ruin much more rapidly even than that *bête noir*, morphia. Cases of poisoning by the drug are noticed, in which recovery took place under the action of stimulants and digitalis. The habit has been formed in several instances under the direction of physicians, who, being desirous of breaking off some other habit, substituted a much worse one.

RHEUMATISM IN VINEGAR MANUFACTURE.—Mr. Robson calls attention (*British Medical Journal*) to the fact that persons exposed to the fumes of vinegar are more subject to rheumatic affections than others. Acute rheumatism, rheumatic gout, lumbago and tonsillitis form the majority of cases of disease among the workmen employed at the vinegar brewery, of which Mr. Robson has medical charge. It is generally accepted by the workmen themselves that the vapors to which they are exposed cause these affections. Mr. Robson's theory is that the elimination of effete material by the skin is interfered with by the action of the acetic acid, which checks free perspiration. He further suggests that the acetic acid may, when introduced into the system, be changed by a chemical process into lactic acid.

THE LIGATURE IN OVARIOTOMY.—Dr. Lawson Tait, writing to the *British Med. Journal*, Nov. '85 expresses his preference for ligation of the pedicle in ovariotomy. Dr. Keith, of Edinburgh, prefers the cautery, which he calls "the only perfect method of dealing with the pedicle, for by it all risk of after-bleeding is avoided." Dr. Tait mentions the fact that he has lately performed his one hundred and thirty-second operation for cystoma since January 1st., 1884, without a single death. In ligating, he uses the Staffordshire knot, and states that his only case of after-bleeding was due to his not using that knot.

PERMANGANATE OF POTASH IN AMENORRHŒA.—This drug in grain doses three times a day will be found useful in cases where the flow is too small in amount, or where it is delayed. Ringer states that it has been known to establish the function even after the lapse of two years. Dr. Dœring, of Chicago, in a report as to its efficacy, states that to be of use it must be given in considerably larger doses, two to four grains thrice daily midway between meals, but that in such case it deranges the stomach. He also advocates the use of large draughts of mineral water to be taken after the permanganate. Dr. Dœring's larger dose should be taken in capsules. Mr. Ringer prescribes it as follows:

℞ Permanganate of Potash, 1 gr.
Kaolin,
Petroleum Cerate, of equal parts
q s., ft. pil, 1.

Sig. One three times a day.

MIDWIFERY PRACTICE AFTER EXPOSURE TO SEPSIS.—The majority of competent observers no longer claim that it is necessary to quit attendance upon cases of labor after exposure to septic poison.

It is held that thorough disinfection is all that is required for the safety of the patient. Dr. Angus MacDonald, of Edinburgh, emphasizes this—but makes his disinfection process very thorough, viz: complete change of clothing, hot bath, hands, face, beard and hair rubbed with turpentine, then with a solution of bichloride of mercury, after which he states there is absolutely no danger of carrying infection to the patient.

PERSISTENT CONSTIPATION:—Dr. Davies writing to the LANCET, gives the following treatment as having restored a case of obstinate constipation in a young man æt. 23. He ordered Ext. cascara sagrad ʒi; Tr. nucis vom. ♏ x; Tr. belladonnæ ♏ v to be taken in water night and morning; the abdomen to be rubbed firmly from right to left for ten minutes every morning, and the diet to consist largely of porridge, brown bread and stewed fruits, with total abstinence from tea. The result was most happy, as the patient was cured in three weeks.

TREATMENT OF SCABIES. — Dr. Comessati, in *Pharmack Zeit*, 1885, gives the following as his treatment for itch. The whole body is washed at night with a solution of hyposulphite of soda, four ounces to one pint of water. The next morning the skin is sponged with dilute hydrochloric acid, one ounce to a pint of water. The chemical reaction gives sulphur, sulphurous acid, and sodium chloride, and one application is usually sufficient to cure the disease.

HOW TO TAKE A PILL.—Dr. Ashwallis in *The Med. & Surg. Rep.* recommends practitioners to try Hanna's method when patients affirm that they "cant take a pill." The directions he gives are: place one or two pills *under the tongue*, then take a mouthful of water and swallow just as in the act of drinking. He says that invariably the patient is astonished to find the objectionable pellet gone and sometimes examines his mouth with the finger to assure himself it is not there. The explanation is that in the act of drinking the tongue is carried back upon itself, and the current forces the pill down the œsophagus.

HYDROPHOBIA INOCULATION.—M. Pasteur has now under his charge 78 patients for treatment of hydrophobia. Four little children are to be sent to him from Newark, N.J., by S. S. Canada. It is stated that the French Government intends asking the Chamber for funds to enable Pasteur to establish a hospital for the treatment of rabies. No doubt a number of patients will be sent from Milwaukee, where there is just now a large number of cases, one death having occurred from the disease.

PILOCARPINE IN ALCOHOLIC INSOMNIA.—Dr. A. B. Isham (*Medical News*) gives his experience as to the effect of this drug in the insomnia produced by the excessive use of alcohol. He gives one-third of a grain of the muriate, and says that the patient wakes from sleep wonderfully changed for the better both mentally and in appearance. He believes that it lowers cerebral blood pressure, aids in the elimination of alcohol and increases the absorption of oxygen. He also recommends it for the depression following a debauch.

ANOTHER CURE FOR STAMMERING.—A writer in the *Popular Science News* gives the following as a method for the cure of stammering: "Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down, read two hours aloud to yourself, keeping the teeth closed. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth.

ADMINISTRATION OF PARALDEHYDE. — The following formula is given by M. Hereboullet, *Gaz. hebdom. de méd et Chir*, as a good one for the administration of paraldehyde:

Paraldehyde, - -	150 grains.
Alcohol (90 per cent.) -	720 "
Syrup, - - -	900 "
Tincture of Vanilla, -	30 "
Distilled Water, -	450 "

One drachm of this contains fifteen grains of paraldehyde. Dose not to exceed four drachms.

TREATMENT OF WARTS OF THE PENIS.—Nussbaum treats the small soft worts which frequently cover the penis, by first washing them twice daily in salt and water, and afterwards sprinkling with calomel. The reaction of the residual sodium chloride and mercurous chloride produces mercuric chloride or corrosive sublimate. This treatment,

he claims, cures the warts rapidly without causing the least pain or detention from business.

APPOINTMENTS: — Dr. A. D. Williams, gold medallist of Toronto University, 1870, has been appointed to the chief command of the General Hospital at Georgetown, British Guiana. The salary is from $5,000 to $6,000.

THE LATE W. H. VANDERBILT.—We regret to announce the death of W. H. Vanderbilt. His name deserves to be held in kind remembrance by the medical profession as the donor of half a million dollars to the College of Physicians and Surgeons of New York.

ERROR.—In Dr. Grant's article in last month's issue an error inadvertently crept in. On page 95, 2nd column, 15th line from bottom, malignant asthma should read malignant *anthrax*.

PERSONAL.—Dr. J. W. Rosebrugh, of Hamilton, Ont., has been elected a Fellow of the British Gynecological Society, and a corresponding member of the Boston Gynecological Society.

Dr. Frank Hamilton Mewburn, son of Dr. Mewburn of this city, has resigned the home surgery of the Winnipeg City Hospital, which he held for nearly four years, and has been appointed Medical Officer to the Lethbridge Coal Mines, N. W. T.

The death of Dr. Albert H. Smith, of Philadelphia, at the early age of 52 years, is announced in our exchanges.

CORONER—D. C. Leitch, M.D., of Dutton, Ont., has been appointed Coroner for the County of Elgin.

WILLIAM MARSDEN, M.D.

It is with profound regret that we notice the death of Dr. Marsden, one of the oldest and most p ominent physicians in Quebec. Dr. Marsden w s born in Lancashire, Eng., in 1807, and was c nsequently in his 79th year. He came to Q ebec in 1812, was educated in the Royal Gram- n r School there and completed his medical e ucation in London and Paris, and received the li ense to practice in 1830. He has therefore b n in active practice for upwards of half a century, and filled many important positions in connection with his profession. He was an M.D. of Harvard University, and Bishop's College, Lennoxville, conferred upon him the honorary degree of M.A. For many years he was president of the College of Physicians and Surgeons of Quebec, of which he was senior Governor. He was also an honorary member of various literary societies, and at one time contributed largely both to the medical and secular press. He published a complete history of Asiatic Cholera, its etiology and pathology, commencing with its outbreak in India in 1817. Before the incorporation of the Quebec Medical School and Laval University, he for many years delivered, with great success, courses of lectures on anatomy and physiology, surgery, materia medica and botany. He took an active part in the establishment of the Canada Medical Association and was one of the presidents. He took a deep interest in sanitary reform, and was as energetic in his efforts to prevent the introduction of small-pox into his native city as he was nearly half a century ago to perfect his system of quarantine against an invasion of cholera. The deceased has led a long, useful and busy life, and has literally died in harness. His death is a public loss, and his bereaved family have our respectful sympathy in their affliction.

Notes, Queries and Replies.

A correspondent desires answers to the following queries:

1. The best treatment for seasickness.

2. How to prevent laceration of the perineum, and the best method of treatment when it occurs.

Books and Pamphlets.

EPILEPSY AND OTHER CHRONIC CONVULSIVE DISEASES.—By W. R. Gowers, M.D., F.R.C.P., etc. New York: W. Wood & Co. Toronto, Williamson & Co.

Good ale needs no broom; therefore it is quite unnecessary, in introducing this work to the profession, to annex to the author's name, the whole of his caudal appendage. The book is good all through. It will be best appreciated by those who are already best acquainted with the diseases treated of. It is, however, not improbable that

junior readers may regard the past, devoted chiefly to the semeiology and statistics of epilepsy, and taking up more than half of the volume, as unnecessarily long and too liberally diffuse; but whoever, young or old, sets determinedly to work, will find the work growing in favour the farther he advances in its careful perusal; certainly when he reaches the last four chapters, devoted to the Pathology, Diagnosis, Prognosis and Treatment, he will say that his patient devotion is amply rewarded. Indeed it might not be wrong to suggest to those who have little surplus time at command, to take up these chapters first, not however with the purpose or desire of ignoring those preceding; for they are of absolute requirement in the satisfactory study of the others following; but because his appreciation of the latter will be so high that he cannot refrain from read ing all that precedes, and he will certainly read again with avidity and with augmented profit, the terminal four above indicated.

A TREATISE ON NERVOUS DISEASES, their Symptoms and Treatment, by Samuel G. Webber, M.D., Clinical instructor in Nervous Diseases, Harvard Medical School, Boston. New York: D. Appleton & Co. Toronto: Williamson & Co.

This work presents in a small compass the essential points as to etiology, symptoms, diagnosis and treatment of nervous diseases. The author's style is plain and pointed. He appears to say just what is necessary and no more: few books being found with less padding than this one. The work is intended for the use of the general practitioner, and we believe the writer has made a valuable addition to the literature of the subject, being sufficiently limited to render it handy for easy reference. It is not intended for specialists, many parts being greatly condensed. One of its best features is the condensation of the anatomy and physiology of the nervous organs found in the second chapter, and which must prove very useful to the general practitioner who has not time to keep himself fresh on these difficult and intricate subjects. The introductory remarks, as to the methods of testing sensation and motion will be of very great service to those who have not had the opportunity of devoting much time to the study of nervous diseases. The book is carefully and thoughtfully written and will repay a careful perusal by students and men who are doing a general practice.

THE MANAGEMENT OF LABOR AND OF THE LYING-IN PERIOD, by Henry G. Landis, A.M., M.D, Professor of Obstetrics in Starling Medical College, etc., 8vo. pp. 334. Philadelphia: Lea Bros, & Co., 1885. Toronto: Williamson & Co.

This addition to obstetrics appears in a very attractive form, the typographical appearance being excellent. The author is clear and concise, and we have no doubt the work will be of value to the young practitioner. It supposes an acquaintance with "the anatomy and physiology of the parts involved, and of the mechanism of labor," and is intended simply as a "guide to practice." The result is that it is nearly useless to the student, while it cannot rank as a treatise which an experienced practitioner would care to consult. The *raison d'être* of the book is not therefore very apparent. The subject matter is all good, and the opinions expressed entirely orthodox; but nothing new has been brought forward. It may save time in referring to larger treatises for simple facts without details.

GRIP FOR 1886.—*Grip* Publishing Co., Toronto: This is the 13th year of publication of Canada's Comic Journal. Improvements are promised for the current year in the way of increase in size, alteration in style and improved facilities for the production of cartoons. The price will remain the same. The CANADA LANCET and *Grip* for 1886 will be supplied for $4.50.

Births, Marriages and Deaths.

On the 27th of Nov., Jacob Smith, M.D., of Ridgetown, Ont., in his fifty-fifth year.

On the 1st Dec., C. J. Philbrick, F.R.C.S., E.. C.S., of this city in his 70th year.

On the 7th Dec., W. C. Edmondson, M.B., of Oshawa, aged 29 years.

On the 10th Dec., Chas. E. Cotton, M.D., of Cowansville, Que., aged 69 years.

On the 15th Dec., S. Cory, M.D., of Stamford, in his 81st yea·.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, FEB., 1886. No. 6.

Original Communications.

THE EXPERIMENTAL TRUTH IN RELATION TO DISINFECTANTS.

TRANSLATED BY DR. J. WORKMAN, TORONTO.

The following article (translated from the Spanish) is presented in the September number of the "*Revista Argentina de Ciencias Medicas,*" of Buenos Ayres. Probably some, if not many of the statements of the author will appear rather marvellous to Canadian medical reader sat the present time, considering tho great practical value which has been attached to disinfectant processes during the course of the small-pox epidemic, which has proved so destructive in the City of Montreal and the adjacent villages. If, as seems to be generally believed, these processes are efficient in the prevention of infection, and the statements of the Spanish experimentor, *Dr. Jose de Letamendi*, are perfectly reliable, the conclusion seems inevitable, that microbes have no part in the causation of infectious diseases, or that if they really are the conveying agents, the accredited destroying means of disinfection must accomplish the desired purpose by virtue of some other sanitive process, distinct from that of killing the microbes, for this result would seem to be unattainable even by the most powerful chemical agents hitherto employed. *Letamendi*, as the reader will find towards the end of his article, reduces his disinfecting means to the two primitive agents, *water* and *fire*. In this simplification of disinfection, he has, perhaps, come as near to the truth as persistent experimentation and common sense enabled him to attain. We now submit the article as it was presented in the *Archivos de Therapeutica*, in Spain :

'The conflict with a determinate species of the microbes may be as relates to the family, individual or collective. In taking the field in single combat we must have recourse to the therapeutic agents which kill the aggressive horde in the collective combat (epidemia from contagion) ; as soon as the microbes have assailed a population, recourse must be had to a prophylactic means, which, by killing the germs emanating from every diseased person, in his *excreta*, and adhering to retentive objects *(contagium vivum)*, cuts short the epidemic process. By virtue of these indications, and by calling disinfectants the means which, in individuals and things, kill the infecting microbe, the following two problems are naturally presented :—

1st. Is curative disinfection, or that of individuals, possible ? 2nd. Is preventive disinfection, or that of things, possible ?

Let us see. At our very outset sound sense imposes on each of these problems a certain limitation. Here is the limitation of the 1st problem :— It is indispensable that the agent destroying the microbe shall not overpass, in the diseased person, the limits assigned to therapeutic disturbances. Without this limitation it would be possible, in killing the cause of the disease, to kill our patient also. The limitation of the 2nd problem is this :— It is requisite that the agent killing the microbe shall not attack retentive objects unless within certain prudential economic limits. Goods, articles of utility, capital, wealth, are products of industry which are esteemed by the people as the equivalent of their means of life.

Having now stated the theoro-practical problem, let us seek its solution, not in mere arguments, but in real facts, positive and correct. In this field nothing exposes more to error—unpardonable error—than submitting our own conduct to outer-authority ; be it that of a man elevated to the undisputed position of a demigod, or that of a precedent established beyond appeal by a judge. Facts have truly a decisive force ; but they must be facts seen, not heard from others, and not assented to from mere laziness to test them. I proceed, therefore, to present the results of my own experiments, some of which were made in 1865, when the *religion of carbolic acid* was introduced into Spain, and others during the present year, recommending to the reader, beforehand, the utility of testing them by himself, or in association with some person expert in the matter. The microbes subjected by me to experimentation, have been the *bacterium*,

the *diplococcus cadavericus*, the *bacteridium carbunculosum* (in attenuated culture), the *diplococcus* of roseola and of hogs, the *bacillus phymatogenus* or that of *phthisis*, the *bacterium of urea*, and others of less importance.

The agents and the results of reactions were as follows :—

1st. Phenyl, or carbolic acid pure, crystallized ; watery solution of 2 per cent. Result.—All the microphytes continuously in life.

2nd. Idem, incomplete cold solutions or emulsions, from 5 to 10 per cent. Result.—Between the layers of microphytes imprisoned in the coagulum of the albuminous substances of the putrilage and the liquid of the culture, numerous free *cocci*, living, and swimming about in a sea of microscopic drops of emulsioned phenyl, moving with the impulses and in the style of microbes, up to the seventh day.

3rd. Considering the trivial solubility of pure phenyl, the same solutions as the previous were aided and completed by means of some drops of alcohol. Consequent disappearance in them of free phenyl was noted. Result.—An immediate augmentation of the activity of the microbes. The alcohol, by debilitating extraordinarily the action of the phenyl or pure carbolic acid, caused practically the obtainment of a carbolised water of over 3 per cent. This fact, which I had observed in 1865, has been verified by Koch in relation to divers species of *bacilli*.

4th. Liquid carbolic acid (by natural deliquescence, with alteration of its chemical constitution). Enormous doses ; 10 grains of pure reactive to 2 grains of putrid urine or the putrilage of flesh, that is to say, 100 to 20. Result.—Large islands or clusters of bacteria imprisoned in the coagulated albuminoid substance ; intermediate lakes peopled with free bacteria in their greatest activity. Observed two days. On the 8th day the liquid appeared turbid, and when again subjected to microscopic examination, it gave a notable increase of free bacteria.

5th. Thymol, or thymic acid, pure, amorphous. Experiments and results similar to those by phenyl.

6th. Salicylic acid ; solution of 1 per 2,000 ; microphytes living *ad maximum*.—Solution of 1 per 1,000, microphytes living, but rather remiss in their movements. Observed to the fifth day ; they continue living and agile.

8th. Lime. Action nil ; all living.

9th. Mixture of caustic soda, and barilla, without definite dosage, but not under 10 per cent., and the same as is used by me in my own laboratory for perfectly cleaning in twenty-four hours, the glasses of varnished plates. In one drop of this mixture I found a good number of *bacilli* and *cocci* of various species in full activity, which had proceeded from micrographic preparations of the same sorts, previously worn out and put into the same mixture in order to clear them of mastich.

10th. Pyrogallic acid ; solution at 10 per cent. Result.—Nil ; all the bacteria alive and in motion, free from the meshes of the coagulum. The observation was followed up to the twentieth day, when all were living *ad maximum*. This explains why hides, either whole or cut, may infect with carbuncle.

11th. Ammonia, pure. Result.—All alive continuously.

12th. Sulphohydrate of ammonia, pure. Result. —All alive in 24 hours, though torpid in movements, and the field turbid, without doubt, from the reduction of the sulphur.

13th. Sulphate of iron at 30 per cent. ; solution slightly acid. Result.—All the microbes living.

14th. Sulphate of copper ; saturated cold solution. Result after 24 hours :—All living, but with one singular circumstance ; many of the bacteria show a sharp twisting, over half their length ; but on returning to observe them on the fifteenth day, they all continued in life and in notable motion.

15th. Essence of turpentine, pure. On the fourth day all continued in life ; and on the eighth day the same.

16th. Chloride of mercury (corrosive sublimate). Result.—All living. Observation followed till the third day ; all the microbes living free from the coagulum and very active.

17th. Boracic acid. Saturated aqueous solution, cold (4 per cent). Result.—All alive. Observation continued until the fifteenth day.

18th. Picric acid. Saturated aqueous solution, cold (1 per cent.) Result.—All living, swimming about, free from the meshes of coagulum. Observed again on the fifteenth day, still living.

19th. Picric acid, obtained by transformation of

carbolic acid by a sufficient quantity of nitric acid. Result, as the last.

20th. Cyanuret of potass; aqueous solution at 4 per cent. Result.—All living and more excited than ordinary. On the eighth day they continued in the same state.

21st. Potassic picro-cyanuret; aqueous solution at 4 per cent. Result, as the preceding; all the microbes swimming lively between beautiful crystallizations in the form of a double brush, characteristic of the reaction of picric acid on the cyanuret of potass.

22nd. Picrate of ammonia, pure. Result.—Large clusters or layers; but all the microbes alive and free.

23rd. Permanganate of potass; aqueous solution at 5 per cent. Result.—All alive, and in addition, the permanganate decomposed from being robbed by the microbes of one equivalent of oxygen.

24th. Arsenious acid; aqueous solution, cold, at 1 per 1000, that is to say, almost saturated. Result.—At 24 hours (when writing these lines), all alive, as if nothing had happened.

25th. Iodide of bromine. Application useless in practice, because the alkaline salts of common or natural waters form with the iodides or bromides combinations inoffensive to the microbes.

26th. Sulphuric, nitric, and hydrochloric acids; aqueous, 1 per cent. solutions. Result.—All indefinitely alive.

27th. Aqua regina, pure (nitro-muriatic acid), equal parts. Result.—All alive on the fifteenth day (!!!). Such is the effect of aqua regia, a liquid that dissolves everything, from gold and platinum down to liver and brain.

28th. Nitrate of silver; saturated solution, cold, with excess of crystals and exposure to light for a whole day. Result.—The silver, reduced by the light, has combined with the substance of the cuticle of the microphytes, but it has not penetrated them; since, though as black as charcoal, they continue alive, swimming with marvellous agility, in spite of so much metallic silver which each of them carries. Only those entangled in the meshes of the coagulum are motionless, in the state of real microderms, or bacterial pellicles, as well in layers as in islands. Though this is the most powerful reagent, that is, from rendering a greater number of the microbes motionless, besides altering their integument, yet, in preparations of some days' standing, living *cocci* and *bacilli* were seen swimming. In a specimen of the *bacteridia carbunculosa*, treated by this process for the purpose of better photographing it, I saw, on the twentieth day after sealing the preparation, a multitude of bacteria still in motion, with remarkable activity, in spite of their coat of metallic silver (!!!).

And now I ask, in view of these facts, in face of the quality of the substances employed, and the enormity of the doses, what have the storm waters left behind them? Will any physician be so simple as to believe, that among the substances prized as disinfectants, there is one capable of killing the *contagium vivum*, either *inside* or *outside*, either in individuals, by cutting short the process of an infectious disease, or in retentive articles, by hindering the development of an epidemic? Will there be any association, council, minister or governor, who will rest tranquil after having assented to proceedings of disinfection, which experimental facts, carried to the extremes shown in those herein related, declare to be absolutely useless, besides being offensive, expensive, and injurious? If the strong doses (some horribly mortal to individuals) which I have signalized, have proved useless, in what doses shall we employ them with success? And even supposing—and it is no little to suppose—that such doses were really disinfectant, what utility could they offer in practice, either *internally* or *externally*? If, for example, we should administer carbolic acid in the impossible solution of 10 per cent., on reaching the current of the blood in the quantity of a few drops, or when scattered by an atomiser on the bottom of an ulcer, or on retentive wares, from which it rapidly evaporates, it will not represent then even ½ per 1,000. Let it be tried, and it will be seen that this deduction is inevitable.

Finally, we have to renounce curative or individual disinfection by means of the death of the *contagium vivum*, and as respects preventive or public disinfection by the death of the *contagium vivum* in retentive objects, we have to abandon, as absolutely impotent, chemical means; the entire abortive police of an infectious epidemic is reduced to these two elements, WATER and FIRE; supreme cleanness, and intelligent and methodical cremation up to complete calcination of articles impregnated with the excreta of the sick. I say "intel-

ligent and methodical," because after a provisional drying by means of sawdust, the carbon, vegetable or mineral, in powder, and the boracic acid, as well as the hermetical enclosing of the articles ; all this, with the charge of particulars, ought to be proceeded with by the public administration—the only authority which can realize it—by the formal cremation of these articles at two distinct times ; one of drying by a slow fire, and the other of definitive calcination ; all to be so executed that the fumes peculiar to ordinary combustion may not carry off, and scatter in the atmosphere, enormous quantities of unburned or incompletely burned microbes. I have been convinced by my experiments that, as a general rule, nothing short of complete "calcination" is a sufficient guarantee for the death of the microbes.

I cannot close this article without mentioning one very important experimental fact, the omission of which might suggest doubts, or even reflections, with some foundation. A good number of the substances used by me, when they are employed in the enormous doses mentioned, although they do not kill the microphytes, yet diminish, or altogether suspend their reproductive energy. For this purpose the only substance which, among those experimented with by me, offers practical conditions, is boracic acid. Borax, which is colorless, inodorous, and slightly acid, inoffensive to persons and things, giving an aqueous saturation at 4 per cent. in ordinary temperature, may be administered internally as "boracic lemonade" without any risk ; it is inassimillable or anhistogenous, and though like the other reagents, it does not kill the microbes, on the other hand, in supersaturated solution it restrains their reproduction better than the others. In order to demonstrate this, it suffices to hold under observance two equal quantities of the same culture ; one of them immediately supersaturated with boracic acid, and the other left without it ; let each of the vessels be closed with glass stoppers which will not altogether impede evaporation. On the fifth day afterwards the difference is amazing ; in the liquid supersaturated with boracic acid and having the surface covered with crystals of the same, the *bacilli* have changed for free *cocci*, or bundles of *cocci*, very lively and agile, but in quantity equal to the primitive or a little greater, whilst in the other vessel, for every free *coccus*, or bundle of *cocci* of the former, hundreds of bacilli are moving about, with 4, 8, 16, and more nuclei.

This remarkable influence, however, whilst being of inestimable value for other conceptions, has no useful application in the problem of disinfections, either curative or preventive. In the first place, boracic acid produces such effects only in practical doses and conditions* (economic, clinical and hygienic), by reason of its natural advantages above indicated. In the second place, every microphyte in passing from a favorable to an unfavorable medium, degenerates, and its fecundity is suspended or diminished, but in its turn it recovers its natural fecundity as soon as it passes from an adverse to a propitious medium.

Let us present a particular example of this sort of cycle of the *contagium vivum*. A person attends a cholera or a smallpox patient, out of his own house, etc. ; impregnates his hands with the *excreta* of the patient (the vomit, sweat, pus, crusts, etc). He afterwards washes his hands with boracic saturated water, and in so doing he inadvertently splashes the sleeve of his coat. On this sleeve there are microphytes, not only motionless from dryness, but also from the influence of the boracic acid (if any of it has reached them). This person returns to his own house ; his servant next day brushes the coat ; the microbes are mixed with the air of the house, and some of them get on the soap, or into the water which his daughter makes use of ; they are emancipated from the boracic acid, recover their forces on obtaining propitious liquids, in such favorable *climates* . . . and in a little time the daughter of this man falls sick, with cholera or smallpox.

It is a fact that things profit much by their names. Let Killing mean putting out of life ; the problem of disinfections is the problem of the death of the *contagium vivum*, and not of its mere attenuation, and for this reason the attenuating virtue of this or that substance will never solve the problem of either curative or preventive disinfection."

JOSE DE LETAMENDI.

IT is stated (*Nouveaux Reivèdes*) that essence of pepperment painted on a burn will stop the pain at once.

*This translation is literally exact, but there must be defect in the text.

SUBPERIOSTEAL AMPUTATION.

BY J. FULTON, M.D, M.R.C.S., ENG ; L.R.C.P., LONDON.

Prof. of Surgery and Clinical Surgery, Trinity Medical College, Toronto.

The practical utility of the so-called Subperiosteal method of amputation has not been appreciated at its proper value, nor has it received that attention from the profession that its merits deserve. It cannot be called a new operation, although the techinque may be new to many surgeons. Attention was first called to this method of amputation seventy years ago, by Walther of Landshut who published a short article on the subject.

In 1859, M. Ollier first demonstrated the utility in amputating, of preserving the periosteum in order to close the medullary canal, and to favor union by primary intention, but owing to the suppuration that almost constantly attended the healing of stumps in those days, all attempts at preserving this membrane were abandoned. Since the introduction of the use of antiseptics in surgery, the operation has been revived, and the practice advocated by Esmarch, Tretat, Naas, Volkmann and others who have recommended it as a highly valuable procedure. Dr. Nicaise read an interesting and valuable paper on this subject before the International Medical Congress at Copenhagen last year, in which he stated that he always preserved a portion of periosteum to cover the end of the bone in his amputations. The operation is not described in our text books on surgery, notwithstanding the favor with which it has been received by these distinguished surgeons. So that when it was brought again to the notice of the profession, a few years ago, many regarded it as an entirely new departure in surgery. It is about six years since my attention was first directed to this method of amputation. It at once commended itself to my mind as a most natural and rational procedure in all amputations through bone tissue, and I resolved to put it in practice on the first favorable opportunity. I have since then performed the operation a number of times and always with the most satisfactory results. The operation is especially indicated in all amputations which are necessitated in consequence of disease of the bones or joints. It may be well, however before proceeding further, to explain what the operation is and how it is performed.

The operation essentially consists in detaching and raising the periosteum from the portion of bone to be removed, to a sufficient extent to cover the sawn end of the bone. The length of the raised periosteum should be equal to the diameter of the bone at the point of removal. The method which I adopt and which I have found to be very simple and easy of execution is as follows: After having made the flaps as in any ordinary operation and sawn the bone through, the periosteum is peeled upwards from the sawn end of the bone, by means of the thumb-nail or raspatory, to the required extent—1 inch or one inch and a half. In doing so, care should be taken not to detach it from the muscles, on its outer side, for fear of interfering with its nutrition. Having raised the periosteum to a sufficient extent, an assistant now grasps the end of the bone with stout forceps, the saw is again applied and the portion of bone denuded of periosteum removed. The raised periosteum now falls over the sawn end of the bone like a hood, and its margins may be united with fine catgut sutures, the arteries of the stump are then secured and the flaps brought together in the usual way. The use of sutures in the periosteum is not imperatively necessary. Esmarch and Naas recommend their use, but Nicaise does not regard them as necessary. The periosteal flap hangs over the end of the bone like a hood and very soon contracts adhesions. It will be seen therefore that the end of the stump is left in the same condition physiologically as obtains in other similar parts, the structures from without inwards being, integument, muscle, periosteum and bone. Indeed this is one of the advantages claimed for the operation, "that the sawn surface of the bone is brought into contact with the tissue, which is physiologically fitted for its protection, and to which it becomes organically united most quickly and certainly." Another advantage claimed for this method of amputation, is that the stump is much preferable to any other, inasmuch as the bone has no tendency to adhere to the cicatrix. The bone is also less liable to become atrophied, the stump is firm, and the tissues covering it move freely to and fro. But the most important office subserved by the periosteal flap, is its capability of quickly forming a layer of new bone, and effectually clos-

ing in the medullary canal and guarding against the spread of inflammation or suppuration which may be present in the soft parts. It has been proved by experiments on animals, that a flap of periosteum rapidly closes the open end of the medullary cavity, and prevents the occurrence of osteo-myelitis and also that on the inner surface of this membrane a thin layer of osseons tissue is rapidly formed. M. Nicaise in the paper to which I have already alluded, mentions a case of amputation of the thigh, for chronic disease of the knee in a tuberculous patient aged 42 years. After death, which occurred 29 days after the operation, when the stump had almost entirely healed, the lower end of the divided femur was found completely closed by a septum of thickened and granular periosteum, above which was a layer of newly formed bone tissue about $\frac{1}{8}$ of an inch in thickness.

The first case in which I performed the operation was a hospital patient, H. W., who was strongly predisposed to bone disease. He was about 26 years of age, had a good family history and was very healthy up to within 6 months from the date of his admission to the Toronto General Hospital in 1879. He was admitted with caries of the bones of the foot, and it was decided to perform Syme's amputation at the ankle joint. On removing the tips of the malleoli it was noticed that the bones were very soft. The stump did badly, the bones showed no disposition to heal and it was finally decided to amputate at the junction of the middle and lower third of the leg. This seemed to me a good case in which to test the utility and value of the periosteal flap, and accordingly I determined to give the patient the benefit of the operation. When the tibia was sawn through in the operation at the point selected, the marrow was found exceedingly soft and unhealthy-looking, so much so that Dr. Aikins who was present remarked that I would have to go higher up. I did not do so however, but simply contented myself by raising the periosteum to the extent of an inch and a quarter, removing the denuded bone, and bringing the periosteal covering over the end of the divided bone. There seemed to be very little difference in the appearance of the two sections of the bone. The stump healed kindly and rapidly, and the patient left the hospital cured within four weeks from the date of the last operation. Another case which I regarded as a test case, was that of a young man, aged 22, upon whom I performed amputation of the thigh for chronic disease of the knee joint. The family history was not very satisfactory, and the patient presented evidence of constitutional syphilis. The disease of the knee had existed for seven or eight months before his admission to the hospital. With the concurrence of the staff, amputation of the thigh was decided upon. On sawing through the femur the bone was found very soft, and the medullary caanal much enlarged, soft, and unhealthly looking. In this case I made a moderately long periosteal flap, so as to cover completely the end of the bone. The case did remarkably well; the stump healed without suppuration, and the patient was going about on crutches in three weeks' time. I might mention a number of cases, somewhat similar in character to the foregoing with equally good results. There is one case, however, of simultaneous amputation of both legs which is worthy of being placed on record. The patient, H. F., aged 60 years, healthy and of good family history, had the misfortune to lose both his feet through frost-bite. A modified form of Syme's amputation was performed by the surgeon, but the stumps refused to heal. The patient had been in this condition for about a year when he came under my care. After due consideration I decided to perform double synchronous amputation of the legs below the knee. This was concurred in by the consulting surgeon. As all surgeons speak of successful operations of this nature as extremely rare, and inasmuch as the patient was advanced in years, I felt considerable anxiety as to the result. On sawing through the tibiæ I found the same condition of the medullary canal mentioned in the previous cases, but more marked in the right than in the left tibia. Periosteal flaps were formed in both stumps, and the result was most satisfactory. The left stump was healed completely in three weeks' time, and the right in about four. Considering the age of the patient, and the nature of the case, the success was most gratifying. Taking this case by itself, or all three cases mentioned in this paper together, they do not prove that the success was due to the periosteal flap. But having regard to the success in these cases, and in many others, in which I have adopted this method of amputation, and compar-

ing the results with those in which no periosteal flap has been made, I am forced to the conclusion that it is a most valuable procedure, and one which ought to claim the most careful and considerate attention of all surgeons.

The objections that are urged against this method may be thus summed up. First, that when the flaps are well formed, and the wound properly treated, a good stump without adhesion of the bone to the cicatrix is obtained, and that the muscle will adhere to the end of the bone, and the medullary canal become closed in by a plate of osseous tissue. This is quite true in most cases, but these changes do not take place so rapidly, and the lamella of bone is thinner than when a periosteal flap is made. Secondly, that the formation of the periosteal flap delays the operation. This objection really has no weight, as any dexterous surgeon can make the periosteal flap in from three to five minutes. Thirdly, that the retention of the periosteal flap may lead to the formation of osseous growths around the end of the bone. This may occur, it is said, in young persons, especially when there is kept up any irritation about the end of the bone, but such a formation is exceedingly rare among adults. I have not yet met a single case in which osteophytes have formed in connection with periosteal flaps. This last is the only real objection which can be urged against the operation, and even if supported by experience, is far from outweighing the benefits to be derived from this procedure. As Nicaise has pointed out in the article referred to: "we have arrived at a period in the progress of surgery, in which it is incumbent upon us to study how by attention to small details, we may give our patients the most useful stumps, for the more important measures by which the operation of amputation has been deprived of its chief dangers, are known and practised, with more or less success, by all surgeons." After carefully weighing the arguments for and against the operation, I am fully convinced they show an overwhelming balance in its favor. So strongly convinced am I of the utility and value of the operation, that I now have recourse to it in nearly all amputations, but especially in those cases in which, on section of the bone, the medullary canal is found softened, and in an unhealthy condition. I have been induced to bring this subject before the notice of this association, in the hope that it may receive more attention in the future than it has in the past.

Correspondence.

MORPHINE IN PUERPERAL ECLAMPSIA.

To the Editor of THE CANADA LANCET.

SIR,—As I have seen lately in our medical journals a great deal written on the treatment of this disease, I beg permission to give you my method of treatment, which I have never seen mentioned by any writer, except Dr. Clark, of Oswego, N.Y., and that six years after I had first used it. I will simply give you an outline of my first case so treated, and it will cover the whole.

In August, 1874, I was called to attend a patient seven miles from here, who was being confined with her first child. The labor was tedious and as the head was pressing on perineum she took her first convulsion. I at once applied the forceps and delivered the child. The placenta came away and everything went well for about half an hour after. I say well; I should say "apparently," for she had the peculiar headache in the top of her head, pupils dilated, and nervous twitching of the fingers and mouth. Now, I simply left her alone, for the reason that I had no chloroform, chloral or bromides with me. So I waited to see what next would turn up. I had sent the husband to borrow a horse to go to my surgery (seven miles), to get what I expected I would require, but before he succeeded in getting one his wife had another severe convulsion, and then another. I despatched one messenger to the nearest drug store (five miles), and the husband to my surgery, for chloroform, etc., and I bled the patient freely; then I was done until my messengers should return—and here I was alone with a village full of old women, who had rushed in crying and calling out for me to "*do something*," as the convulsions were coming faster and faster. I tried to explain my situation, but the murmur of discontent went through the house and out of it, up and down the street. Time went on—no messenger arrived. I thought the patient would die myself, so made up my mind to let her do so easily. I gave her a grain of morphia hypodermically, but with the happy result of stopping the convulsions at once, and long before I got my chlo-

roform, etc., she had not one more. It did not produce sleep or any bad symptoms, and after remaining four or five hours I left, first giving her another injection in the same way of a ¼ gr. The patient next day was as well as could be expected, except a swollen tonge where she had bitten it.

Since that day morphia, by hypodermic injections, has been my treatment, and I find the patient rarely has a second convulsion. I never heard of this treatment before, and therefore believed I was alone in its use till July, 1880, when I saw an article written by Dr. C. C. P. Clark, of Oswego, N.Y., in *The American Journal of Obstetrics.* In his article, after bleeding, he recommends hypodermic injections of *two grains* of morphia. He read his paper before the medical Society of Syracuse, and he says, "The magnitude of the dose of morphine that I recommended raised nigh a universal outcry of condemnation among the gentlemen present. Not till I heard this had it entered my thoughts that what I had proposed was so very extreme—so easy had I felt on the pedestal of my actual experience."

Now, though I never use the extreme dose of Dr, Clark (2 grs.), I can endorse his treatment of large doses of morphia, and as I have used nearly every treatment I have seen recommended, except pilocarpine, I can safely say I have seen none equal and so sure as the treatment I have mentioned.

Yours truly,

F. WARREN.

Brooklin, Ont., Jan. 13, 1886.

To the Editor of the CANADA LANCET.

SIR,—On page 111 you copy a direction for making Koumiss. While milk so treated may answer some purposes as a substitute for "Koumiss," it is in no sense of the word Koumiss as used so extensively in Russia, England or the United States.

Koumiss is not only a fermented but a digested milk, and in properly prepared Koumiss the casein is so finely subdivided that it is impossible of coagulation. Before I knew of the proper formula for making "Koumiss" as it is now made at the "Oaklands Jersey Dairy," I followed similar directions to those given on page 111 of the LANCET, but it only resulted in a partially *fermented* milk, not a *fermented* and *digested* milk. Under the direction as copied by you it is unfit for use in a few days, the casein gathers in masses, and in a short time will become putrified; whereas in properly prepared Koumiss, if it be kept in a cool place, it is fit for use two months after making. All the sugar is converted into alcohol and lactic acid, and the casein will not become lumpy. Again water should never be added to the milk; if it is desired to have the Koumiss thinner, part of the casein should be abstracted. No foreign substance, such as glycerine, should be used, except in special cases.

In Russia, where Koumiss originated, no yeast is ever used in its preparation. If the casein gathers in lumps and refuses to disseminate when the bottle is shaken, the Koumiss has not been properly prepared, it is merely a partially fermented milk, the casein of which has not been predigested.

The great secret of the success of properly prepared Koumiss is that the casein, the most difficult part of the milk to digest, is already digested, and is ready for absorption by the blood. As Koumiss is but little known in this country, I write this in order that if any of your readers by attempting to make Koumiss under the direction copied by you, and the results are not satisfactory, "Koumiss" be not condemned; because such directions do not as a matter of fact produce a fermented and digested milk, or true "Koumiss." I know of at least 40 different formulas for making so-called Koumiss, each one based on yeast as a ferment and not one of these 40 will produce predigested casein. Where Koumiss has been longest used all attempts to make a satisfactory Koumiss in competition with that prepared uuder the formula used in making Oaklands Koumiss, has long since been abandoned as unsatisfactory.

VALANCEY E. FULLER.

Hamilton, Ont.

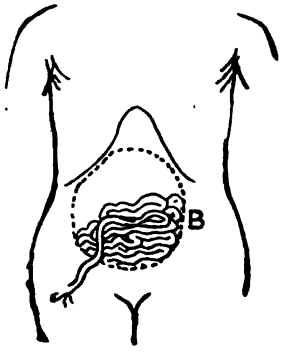
CASE OF EXOMPHALUS.

To the Editor of THE CANADA LANCET.

SIR,—I send you a sketch of child which presented at its birth the appearance described: Child was well formed in every other respect; the protusion or tumor was transparent in its lower part; the intestines could be easily seen; in size it was about equal to a child's head.

The circumference of the protusion at its junc-

ture with the skin was so great that it was useless to attempt the bringing of the parts together. The child grew nicely for first week, but dwindled gradually away during the following ten days and



Dotted lines indicate position of tumor, through which are seen the intestines B.

died. An absence of the skin to cover that portion which the protrusion occupied is the only peculiarity of the case, but as I never saw, or read, or heard of anything like it, I send you this sketch.

Yours, etc.,

J. S. SPRAGUE.

Stirling, Dec. 12th, 1885.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY.

Montreal, 18th Dec. 1885.

Dr. Roddick in the chair.

After routine, Dr. Trenholme related two remarkable cases of ovariotomy in his practice. One case was operated upon 6 weeks ago, the tumor weighing 34 lbs. The temperature of the patient ran up to 101⅘, 10 hours after the operation, but was normal the next evening, and remained so afterward, there was scarcely any subsequent suffering, hardly any tympanitis, and the patient fairly put on flesh before the end of the first week, she was convalescent on 18th day, and about the h use constantly after this time. The second c e 4 weeks ago, was even more remarkable, the t nor weighed 55 lbs. (parovarian), temperature l hours after the operation 100°, next morning i was normal, and together with the pulse re- r ined normal afterward, there was not even the s ghtest tympanitis, and no subsequent suffering, s a slight back-ache, and the usual soreness occasioned by the wound. In neither case was there the slightest sign of shock. The remarkable results obtained in these cases are due, Dr. T. believes—1st. to the smallness of the abdominal incision, in neither case was it more than 5 inches long—the intestines were not exposed to the air and in fact in the last case, not even seen. 2nd, to the mode of securing the pedicle. As in all his operations, Dr. T. employed No. 20 shoemaker's white thread and ligated the pedicle in small segments. Also, the high temperature of the room (about 95°) the atmosphere, being saturated with watery vapor, slightly impregnated with carbolic acid, was believed to have contributed to these favorable results.

Dr. A. L. Smith, then read an interesting paper on the A. C. E. mixture, which he considered the best anæsthetic for midwifery practice.

The A. C. E. mixture consists of two parts of chloroform, three parts of ether, and one part alcohol.

The greatest claim for this conbination is its safety. The second is the small quantity required. The third is the ease with which the patient comes under its influence, there bring no period of excitement. The fourth advantage is the pleasantness of its odor, not irritating the bronchial tubes as alcohol or ether alone does. And fifth, there is rarely if ever any vomiting after it.

He said that the reasons for the mixture of A. C. E. in the proportions of 1, 2, 3, being safer than any one of its components alone, were as follows: when inhaled in sufficient quantity, alcohol killed by the head, or by coma, chloroform killed by the heart, or by syncope, ether killed by the lungs.

8th January, 1886.

Dr. Roddick in the chair.

Dr. Trenholme shewed a composite ovarian tumor, removed from a lady (aged 21) last Tuesday, the tumor weighed 15 lbs, and was composed of numerous cells, containing a tenacious dark tarry fluid, which would not pass through the trocar. When breaking up the cells, the walls were so friable in various places that the contents of the cyst escaped into the abdominal cavity, the patient was placed on her side, and cyst with the fluid in the cavity were removed, the patient was then put on her back, pedicle ligated, in Dr. T.'s usual way, the abdominal cavity thoroughly washed out, sponged, rewashed and sponged again, and

the incision closed with 5 deep silver sutures. The usual toilet was made, avoiding the bandage (for which Dr. T. has a special aversion) and the patient placed in bed, with considerable apprehension as to the recovery of the patient. The patient made a remarkably good recovery and though the temperature ran up to 100° that night, yet at the end of 36 hours it was almost normal and pulse 80. 48 hours after the operation, I caught her reading a story, and her convalescence has gone on most satisfactorily up to the present time (5 days after operation).

In reply to Dr. Shepherd, Dr. T. stated that he never ligated the pedicle in mass, but in a number of ligatures, enclosing at the most, not more tissue than the size of a goose quill, using always No. 20 shoemaker's white thread.

Dr. R. MacDonnel than read a short paper on hemorrhage into the *pons varolii*.

In the discussion which followed, Dr. H. Howard stated that it was not yet known from what vessel the hemorrhage into the pons was derived. This point yet remains to be determined by some pathologist. Dr. MacDonnel also exhibited the bones of the thigh and leg of a microcephalic idiot. The femur was not longer than the little finger and of very light structure.

Dr. Alloway made some remarks, and shewed a sketch of a case of posterier laceration of the cervix uteri. Nothing new was elicited.

Dr. Blackadder read a paper upon the value of white lead paint in erysipelas in infants. In the discussion which followed, most speakers regarded the local treatment as secondary to constitutional treatment. Dr. A. L. Smith spoke of the value of quinine in gr. doses every three hours, as very useful.

Dr. Trenholme said that he had found elder berry (flowers) tea, thickened to the consistency of cream, the most pleasant and useful of local applications.

HURON MEDICAL ASSOCIATION.

The Huron Medical Association held its annual meeting in Seaforth on the 12th ult., and was largely attended. Dr. Taylor, of Goderich, the President, occupied the chair. Dr. Graham, of Brussels, exhibited the stomach of a man who had committed suicide by drinking carbolic acid. He also read a paper giving an account of a child aged two years, the measurement of whose limbs were different. This did not, however, as yet interfere with the child walking. Dr. Campbell, of Seaforth, reported an instructive case of puerperal eclampsia, in which pilocarpine had been successfully used. He also presented interesting cases of compound fracture of the leg, progressive muscular atrophy, infantile paralysis, also a case of chronic pains following herpes zoster. Dr. Smith, of Seaforth, read an interesting account of three cases of nævus removed successfully with the thermo-cautery. He also presented a paper showing the excellent results which had been gained in three cases of subacute rheumatism, associated with anæmia, by the use of salicylate of iron. Dr. Young, of Londesboro', showed a case of caries of the lower portion of the femur. Dr. Mackidd, of Seaforth, presented notes of a case of tapping of the bladder above the pubes for incontinence of urine, occasioned by an enlarged prostate. He also presented a case of dissecting aneurism. Dr. Gunn, of Brucefield, presented a case of pleurisy with effusion, in which the aspirator had been used successfully three times; also a case of epulis for which an operation was recommended. Microscopic specimens, of the cholera baccillus and several varieties of abnormal urine were shown. The discussions following the different papers were most interesting, and instructive. The following officers were chosen for the ensuing year: *President*, Dr. Campbell, Seaforth; *Vice-President*, Dr. Young, Londesboro'; *Secretary*, Dr. Worthington, Clinton. It was decided to hold the meetings during the year every three months alternately, at Clinton and Seaforth.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The annual meeting of the above named society was held on the 5th ult., a large number of the members being present.

Dr. Stark was elected President; Dr. McCargow, Vice-President; and Dr. F. E. Woolverton, Sec.-Treas.

Dr Shaw reported a case which occurred in his practice, of hæmorrhage from the bowels in an infant. The child was born on the 24th Dec. Labor was easy and natural; child cried vigorously;

visited the patient same evening. On the 26th—50 hours after birth—child passed blood from the anus in considerable quantity, and looked pale and feeble. Nursed on the 3rd and 4th day, but not since. There is a history of phthisis in the family. The child died. The writer quoted from West a number of cases which occurred in early childhood, and gave a synopsis of the cause and treatment recommended. Out of 23 cases 12 recovered. Dr. MacKelcan saw two cases. Family history good, in both; one had a number of discharges and lived only 12 hours; the second case recovered. Dr. Malloch saw a case in Jan., 1880, which terminated fatally.

F. E. WOOLVERTON, Sec.

Selected Articles.

THE PHYSICIAN'S DUTY AS TO PATENTED ARTICLES.

A recent number of the *American Druggist* contains an interesting editorial upon this ethical question. After taking the ground that all those, whether physicians or pharmacists, "whose profession has a direct bearing upon the relief of suffering humanity, should be considered as having renounced the moral right to secure or control patents, on any articles that are primarily used for remedial purposes;" and admitting that a relatively smaller number of pharmacists feel their obligations in this regard than of physicians, the article goes on to consider the important point of the proper relation of those who may *use* patented articles to those who *own* the patents. The writer remarks: It is the prerogative of the physician to employ for the cure of disease any method of treatment which he conscientiously believes to be conducive to the benefit of his patient. But it is not only his prerogative, it is even his *duty* to do so, if he knows that favorable results may be expected from the use of some remedy or appliance, even though they be claimed by a particular sect as quasi-proprietary, or else be guarded by a patent. If the physician has the choice between a non-patented and a patented article, he will quite n turally prefer the former, provided it is equally s viceable. But if the latter answers the purpose b ter, he is perfectly justified in recommending a l employing it. The onus of immorality attach- i g to such a patent belongs to the patentee e clusively, but *not* to the person who uses it or is c mpelled to use it in want of something equally g od and unpatented.

n following this argument, it should always be r embered that a patent implies not merely a monopoly, but at the same time removes all secrecy from the invention. Every one, therefore, who uses a patented article or invention has full opportunity of examining its details and its adaptability to any special case. The reverse is the case with so-called proprietary medicines, the composition of which is kept secret, and which are copyrighted by title. It is hard to understand how any physician can persuade his conscience that he is justified in using such preparations—the composition of which is at the discretion and mercy of men seeking to make money—in the treatment of the sick.

From the above, it follows that a physician is perfectly justified in employing an article patented by others, provided he considers it of special benefit to his patient. On the other hand, he is not justified in using proprietary "medicines," of unknown composition, the ingredients of which may at any time be altered by the maker without his knowledge. Incidentally, also, it follows that the whole business of manufacturing, selling, or using proprietary "medicines" is unjustifiable, wrong in principle, and indefensible as long as there is any secrecy maintained about their composition.

It is probably known to all who read this that *no product of nature*, whether existing as such ready formed in any of the three natural kingdoms, or artificially obtainable as a definite compound of constant composition and characteristic properties (such as many artificially prepared organic chemicals), is capable of being patented. Only the special *processes* by which such products are reached can be protected by a patent. If another inventor discovers an entirely different process leading to the same result, he is as much entitled to a patent as his predecessor. There are numerous indispensable articles used in medicine which have been at times, and are even now, partly hedged around by patents, but in almost all of these cases the patent does not amount to a monopoly, inasmuch as there are channels left open by which the same article may be procured without an embargo. Take the case of salicylic acid. This may be obtained perfectly pure from oil of wintergreen, and is in fact manufactured from this source for the market. There is no patent on this. But the process discovered by Prof. Kolbe, which enabled the acid to be made at a low price on a very large scale, is protected by a patent. The patented acid is much cheaper and equally pure as the natural. Would any one plead in favor of using the more expensive natural acid, merely because the artificial is patented? Many other such cases might be cited, but the argument in favor of the patented article would remain the same. In like manner it is shown that the new antipyretic, antipyrine, is made under a process that is patented. Its chemical composition and mode of preparation have been announced to the public through the patent publications. It therefore is proper for the physician

to make use of the unequalled antipyretic powers of the drug. Meantime, should another investigator hit upon a different method of preparation, the latter could have the choice either of throwing open the right of manufacture to the world at large, or of protecting his new process, likewise, with a patent.—*Boston Medical Journal.*

THE CURABILITY OF CONSUMPTION.

In an article on pulmonary phthisis in the *Medical Record*, of the 21st ult., Dr. J. Milner Fothergill, of London, makes the somewhat startling assertion, based on an experience of ten years in a chest-hospital, that the disease is far from being necessarily fatal. Under fairly favorable circumstances, he holds, a rally may be made in the large bulk of cases, which may lead to recovery. This is glad tidings, and a detail of the means through which this consummation may be reached, will be eagerly read. It is customary in acquainting the patient of the fact that he has consumption, to do so in a tone and manner calculated to shut out from him the faintest ray of hope. Treatment, moreover, is usually undertaken with a view to enthanasia, rather than with a hope to snatch the brand from the burning. If, therefore, Dr. Fothergill has put it in our power to tell the consumptive that the odds are in favor of his outliving his disease, he will prove to have been one of the greatest of the benefactors of this and succeeding ages. He does not propose anything particularly new in the way of treatment, nor does he vaunt any specific. His common sense application of means already familiar will, however, commend themselves to the attention of the profession.

The line of attack advised in incipient cases is to improve the general condition, in which improvement the new growth has its share. To check the body expenditure and to increase the body income are our aims. All out-goings must be stopped. This is the first step. If a woman, attend to any leucorrhœa at once. Many a good line of attack has failed, many a woman sunk into her grave who might have been rescued, if only that out-going had been attended to. If the catamenial loss be heavy, put an arresting finger upon it by some ergot, sulphuric acid, and sulphate of magnesia, commencing with this two days before the appearance of the flux, and continuing it during the flow, reverting to the usual treatment on its completion. Then, is there diarrhœa? If so, attend to it. Milk and farinaceous matters are indicated (no meat-broths, no beef-tea—"giving the patient a stone when he asks for bread"—unless some farina be added). Then for medicine some astringent preparation of iron may be given in the day, and a pill of sulphate of copper (gr. $\frac{1}{4}$—$\frac{1}{2}$) with opium (gr. 1—$1\frac{1}{2}$) at bed-time. If there be both diarrhœa and night-sweats this pill will often "kill two birds with one stone."

If there be night-sweats, arrest them at once, or as soon as may be. Sweat is an excretion, and is highly charged with blood-salts. Consequently, profuse sweats are most exhausting. Check them, and the appetite returns, and between the two the patient does well. Prof. Sidney Ringer, F. R. S., has laid the phthisical world under a deep debt of gratitude by pointing out the potency of belladonna in the matter of hydrosis. The best preparation is atropine, not only because it is tasteless, but because we know exactly what we are doing when using it. But to secure its good effects it must be pushed. Its effect upon the pupil is nothing. Indeed, in a very extensive use of bella donna the pupil has rarely been affected. (The effect upon the pupil is a bug-bear which ought to be buried). Dry throat and dim eye-sight are discomforts, but unless severe they need not disturb the treatment. There is a wide gulf between these and any real danger. The very lowest dose is $\frac{1}{100}$ of a grain. If this does not achieve the desired end, then $\frac{1}{60}$. If that is insufficient, then $\frac{1}{30}$. If that fails—which it rarely does—one must begin to look seriously at the case. When this dose is reached, and yet the sweats continue, Dr. F. adopts the plan of an old New York quack, of which Lewis Sayre told him, viz., to sponge the body over with hot vinegar ($\frac{1}{2}$ pint) with a teaspoonful of cayenne in it. This is not at all disagreeable, and is effective. If the combined measures fail, the patient's case is hopeless, but his physician's conscience is clear.

Perhaps the patient's rest is broken by cough. Dr. F. recommends the following combination in such cases: Morphine, (gr. $\frac{1}{3}$), atropine (gr. $\frac{1}{60}$,) with pil. galban co. or pil. al. et myrrh., as the case may require. This is a pill which has done him yeoman service in his warfare with phthisis. It has found its way into the Brompton Hospital, and more recently into Squire's *Companion to the Pharmacopœia*. It will, he thinks, find its way before long into every consumption hospital in the world. This action of carbonic acid upon the sweat-glands has led Dr. Lauder Brunton to advocate strychnine (a potent stimulant to the respiratory centre) in the night-sweats of phthisis. No doubt it is useful. Dr. F.'s practice is to give it in the day-medicine. His favorite mixture at the hospital consists of liquor strychnine (4 minims), acid. phosph. dil. (15 minims), tincture capsici (4 minims), in infus. gent. (3 dr.), *ter in die*. This forms a capital tonic. Some quinine or sulphate of magnesia (or soda) may be added as required. One of the rules which have formed themselves in his mind is to give acids when the tongue is clean or coated. When the tongue is bare, raw, or irritable, then alkalines are indicated

as am. carb. (gr. 2 to 5), tinct. nuc. vom. (10 minims) inf. gent. (1 ounce), *ter in die*. On such a line of treatment the patient usually improves. The night-sweats cease, the appetite returns, the cachectic look departs, and the patient feels much better. The improvement is maintained, and soon iron and arsenic can be added to the strychnine, and cod-liver oil to the dietary (but cod-liver oil is not the best form of fat, nor yet the most palatable, though it is the most digestible. Some forms of fat in an emulsionized state are now on the market which possess many advantages over cod-liver oil). Iron is a good hæmatinic. Arsenic is an alterative and a tonic greatly believed in by many good observers in lung-consolidation. If the patient can be induced to take fat in any form the healthy tissues can be built up. Very commonly the affected area is found to shrink, and air to pass into it. In a few months, in many cases, it is scarcely possible to detect any change in the lung. The threatened danger has passed away!

All along in the treatment advocated the matter of improving the condition has never been lost sight of for a moment. If the patient can get away to a dry soil and a bracing locality, all the better for him or her. Another common patient is the person who has chronic phthisis with cavities. Such patient is always spare and badly nourished at the best; and when any intercurrent ailment still further lowers the general condition the lung trouble is aggravated. (And one matter has forced itself upon his attention, viz., that wherever there is old lung-consolidation any disturbance in the liver sets up irritation in this consolidated patch with resultant cough. And this cough, which is intractable to ordinary cough-medicines, is relieved by acting upon the liver.) The appetite has fallen off and the nutrition is impaired; and then the special danger in phthisis is set up. Very often the tongue is raw, or beefsteaky, or patchy. Here attention to the *primæ viæ* (as our grandfathers phrased it), is imperative. The patient must be sent to bed, to reduce the body expenditure to the minimum. The medicine must be bismuth, with alkalies; and the food, milk with malt extract, or a malt preparation with Mellin's food, in small quantities at a time, oft-repeated. No solid particle in the stomach to vex and irritate the sensitive (because ill-fed) mucous membrane. Even an alkali—like carbonate of magnesia—may be required to neutralize acidity and prevent too firm curdling of the milk; as much as will lie on a sixpence to the half-pint of milk is usually sufficient. Having got the assimilating processes into good working order, the tonic may be given. "The more haste the less speed" is especially true of the treatment of phthisis; and the desire to push on with tonics and food sadly too often defeats its own end. Sometimes a masterly inactivity is the wisest practice. A clear head and a firm will are often required to curb the desire of the patient (and still more the patient's friends) to be getting on. Back-cast after back-cast teach a painful lesson to the medical man, and involve the patient in acute danger. If the pressure put on a young medical attendant is becoming more than he can bear, let him call in an older head to help.

The chief thing to avoid is morphia tinctures for the cough. An opiate to procure sleep may be essential and unavoidable; but sedatives in the day are dangerous. They give relief from the cough but too commonly they give permanent relief by death. Opium lays its palsying hand upon the assimilative organs, and destroys the appetite. Its evil effects seem most distinctly felt by the liver. When an opiate is indicated at night it should be combined with ipecac to antagonize its effect upon the liver, and with aloes and myrrh pill to correct its action upon the bowels. Opium strikes directly at the assimilation which is the cardinal matter in the treatment of phthisis. The patient most certain to die, the case least amenable to any treatment, is that one whose wasting progresses steadily, and where the lungs are only affected quite late on—indeed, a brief while before the final change sets in. As to other means of allaying the cough than opiates, inhalations of steam are often serviceable. Friar's balsam, iodine, carbolic acid, terepene, eucalyptus, all are good as additions to steam. Where there is a cavity with ragged walls smelling offensively, a respirator with cotton wool charged with carbolic acid is indicated.

Then, as to the other means of feeding the patient, there are inunctions of oil, often of service, especially with young subjects. Nutritious enemata have only lately suggested themselves; but in one case of a medical man steadily wasting, an enema of cod-liver oil (emulsionized by a drop of bile) and milk in equal quantities is being tried. Such enema night and morning, while in the recumbent posture, would be readily retained. When the temperature mounts up, and especially when the skin is also moist (the usual state in hectic fever connected with phthisis), Dr. F.'s plan is to give quinine (gr. 2 to 5) with tincture of digitalis (10 to 15 minims) and dilute phosphoric acid (15 minims,) thrice daily. The effect is very satisfactory usually. Where a severe raking cough is present, shaking the poor sufferer terribly, it may be necessary to give opiates; but, in the author's experience, such cough is very rarely found with pulmonary phthisis.

The treatment of hæmoptysis is quiet; no movement, no talking. When it arises from the bursting of an aneurismal sac in a cavity, or from an ulcerating process eating into a blood-vessel and opening a communication between the vessel and

an open air-tube, syncope alone is likely to arrest it. In congestion of the lung it is often an excellent form of local bleeding. Men of old bled for its relief; now free purgation with a mineral salts is in vogue. For small recurrent hæmoptysis the best treatment is to keep the bowels open. Ice, ergot, and dilute sulphuric acid may also be tried; probably they will do no harm. It is a bad plan to feed up a case of recurrent hemorrhage; it only fills the vessels rapidly, to end in more bleeding. Finally, the management of phthisis pulmonalis, whether the less grave or the more serious conditions, is a good test of the knowledge, skill and tact of the practitioner, who must, like a competent soldier, be able alike to plan a campaign or execute a sudden change of front in an emergency. That is, he must be able to lay down a persisting plan of treatment, and promptly change his plan to meet some intercurrent condition, as hæmoptysis or acute gastric disturbance.—*Med. Age.*

PLACENTA PREVIA.

Dr. E. G. Edwards, London: In conclusion, I recommended, when head presents, to separate the placenta from the os uteri all around as far as you can reach, if labor has commenced. Then, if possible, detach the placenta on one side completely, so as to allow you to reach the membranes and rupture, to give ergot by the mouth or ergotin by hypodermic injections, and use a little pressure over uterus externally. In most cases as the water discharges the head descends, thereby plugging, by pressure on the placenta, so thoroughly as to check the hemorrhage. I am in the habit of emptying the bladder by a catheter and having forceps on hand, and a roller bandage around the abdomen in order to give external support if required, and holding a plug against the os with my hand if the flooding is severe. I had no occasion to use forceps in any case of placenta previa so far.

Respecting turning, I should, in cross birth, carefully try to turn by manipulation by finger in the vagina and external assistance.

I might here state that I have thus succeeded in cross births, lowering the shoulders, raising the hips and so bringing the head, feet, or breech down. I see no reason why we should not try, especially in cross births, in cases of placenta previa.

My advice is never to introduce the hand through the placenta and thereby gain entrance into the uterus for the purpose of turning, for thereby violence is sure to follow. In fact I am not an advocate for turning by introducing the hand into the uterus under any circumstances, unless all other means fail; as I consider that procedure very injurious to the mother and very apt to be followed by shock or by inflammatory action of some kind. Possibly in some cases, no other mode is practicable, and it must then be had recourse to. Respecting plugging, I have always succeeding in arresting hemorrhage by this means, giving thereby safety and time. It likewise stimulates the uterus, and the os is found more dilated. I would not give ergot unless I knew the bladder was empty, the parts proportionable, the os dilatable, and instruments at hand. Flooding nearly always relaxes the os. My rule in giving ergot is first to make sure of head, feet or breach presentation, with some pain, and in cases in which I have decided to deliver at once. Ergot would only increase the mischief in placenta previa, unless it was given to assist your efforts at the time of expulsion of the child.

Respecting hot drinks, I am aware that cool or cold drinks are generally recommended in cases of flooding. I do not, however, believe in giving cold drinks in shock or great depression. Opium, in small doses, as a stimulant, I hold very valuable in floodings, and large doses in the cases requiring the plug, to give rest and sleep when time for rallying is necessary.

I am of the opinion, if there has been great loss of blood, that the sooner you deliver the better, provided the hemorrhage continues, and there is pain, and the patient not too weak; but you should not introduce the hand into the uterus if you can possibly avoid doing so, always giving an anæsthetic when you do. I put emphasis on this latter—anæsthetic (ether or chloroform). My practice and advice is, in all severe midwifery operations, to give one or the other. My reasons for thus advising are:

1st. It is humane and prevents unnecessary suffering.

2d. By its use depression and shock are lessened, if not prevented altogether.

Allow me here to say that I, at any rate, have not, neither do I intend adhering to the old traditional theories and procedures respecting the use of anæsthetics in midwifery.

In conclusion, following up turning in cases of placenta previa, the only argument I can conceive justifying it when the head presents, is the speedy delivery of the child in order to save its life, but how often will we be disappointed in this, as it is well known where some floodings have taken place the child is usually born dead. To compensate for that, by plugging and waiting, the shock of introducing the hand into the uterus will be avoided and the maternal parts not injured. I believe the time is not far distant when turning, by introducing the hand into the uterus, will be the exception, not the rule, as at present.

I have adopted a procedure of my own, viz., when called to a case of placenta previa near the end of pregnancy, when flooding is in progress, with the pains continuing and the patient not too

weak or exhausted, to separate as much of the placenta as I can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between my fingers, or to press it firmly against the opposite side until the os dilates; then I give ergot and rupture the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage.—*Med. Age.*

TREATMENT OF ANGINA PECTORIS.

It is a well known fact that all remedies which have hitherto been exhibited against the paroxysmal affections termed angina pectoris have been, generally speaking, failures, and that nearly all patients subject to these attacks have to succumb early to the progress of the disease. Even the latest approved treatment of angina with nitrite of amyl, nitrite of sodium, and nitroglycerine, as discussed some months ago in the *Gazette*, will but rarely, and under certain conditions only, cure or alleviate the affection. Huchard, the famous clinician of the Bichat Hospital of Paris, has recently published a valuable essay (*Journal de Médecine*, No. 3, 1885) which throws an entirely new light upon the pathological agents of the affection and offers important therapeutic suggestions.

A large number of autopsies (thirty five) convinced the author that the ancient pathological views held respecting angina pectoris, as taught as early as 1799 by Jenner and Parry, were fully correct, viz., that the anginal paroxysm is the result not of a neuropathic condition but of an arterial affection. In every instance where post-mortem examinations were made Huchard found ossification, and occasionally even obliteration, of the coronary arteries, conditions which naturally lead to cardiac ischæmia. Again, numerous cases were observed by Huchard and other clinicians in which a well-established cardiac neuritis was wholly disconnected from any anginal symptoms. These observations showed the uselessness of resorting in angina pectoris to remedies which simply act upon the nervous system. The bromides, Huchard says, have never cured a case of angina pectoris save the so-called false anginas, which, among other clinical characteristics, have the peculiarity of being cured by the suppression of the numerous causes productive of them and of frequently disappearing spontaneously without any medication. The cases of genuine angina pectoris belong to the most serious of pathological conditions known, and almost invariably terminate fatally. Hence in any clinical statistics concerning the curability of angina the genuine and false cases are to be strictly separated.

Huchard by his novel treatment, based upon his undoubtedly correct pathological views, records a greater number of cures of true angina than any other clinician has ever obtained previously (twenty cures). His treatment consists principally in the exhibition of iodides, which, as is well known, are alone able to cure the affections of the arterial system, even those of a non-syphilitic nature. The iodide of potassium or, better, of sodium, given without intermission for months, and even years, in a daily dose of 1 to 2 grammes (15 to 30 grs.), will with certainty at first diminish the frequency and intensity of the anginal proxysms, and finally bring about their definite and complete disappearance. The curative effects of the iodides of sodium and potassium in aneurism of the aorta and various other arterial affections show the powerful influence of the iodide treatment on pathological conditions of the vascular apparatus.

In aortitis, both of the acute and chronic type, we find most frequently dilation of the aorta and elevation of the subclavian artery. Under the influence of the iodide treatment both symptoms can be relieved promptly and permanently. The most refractory cases in regard to this treatment are those in which the aortitis and the arterio-sclerosis approach their termination, for the iodides, however powerful they are cannot suppress an arterial atheroma. In general, it can be said with propriety that "the iodides are the digitalis of the arteries." Huchard's routine formula is,—

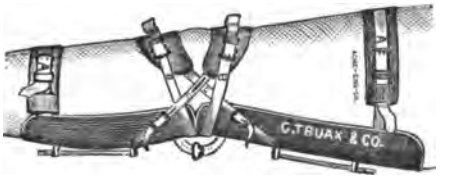
℞ Sodii iodidi, . . . gr. cl;
Aquæ destil., . . . f℥l.
Fiat sol.

S.—Two to four teaspoonfuls daily, to be taken in a cup of tea.—*Therap. Gazette.*

A NEW PATELLA SPLINT.

Dr. L. R. Markley of Juniata, Neb., sends us the follows description and cut of and apparatus designed by him:

"I desire to call the attention of the profession to a splint designed principally for the treatment of transverse fracture of the patella, but which I believe will also be found useful in cases of fracture of the limb at or near the knee joint, and in many cases of dislocation. A few years ago, while yet a student, I conceived the idea of making a splint as here illustrated, and as I have had made for me by Messrs. Charles Truax and Co., 81 Randolph St., Chicago. This splint consists of two



well padded iron troughs shaped to fit the limb above and below the knee. These troughs are connected with an adjustable hinge having a circle stop which will permit the splint being applied and firmly held either straight or flexed at any desirable angle. It can thus be used straight in treating fractures of the patella, or bent to meet the requirements when used in other cases. The two screws shown underneath the brace can be turned by a removable thumb-key and are attached to sliding heads running in slots cut in the troughs. To these heads are attached the straps C C which places the amount of traction on the patella completely under the control of the operator. Underneath these straps are placed two well fitting pads which hold the patella in its proper position. The bands B B are made use of to prevent the pads from slipping too far over the patella. The bands A A hold the extremities of the splint firmly to the limb.

In applying the splint the bands A A and B B should be first adjusted; then after tightening the straps C C (using the buckles), traction can be made with the thumb-screws until the edges of the fractured bone are brought together If, however, the ligamentum patellæ is too strong to be overcome by this measure and thus prevents a complete reduction of the fracture, I believe it would be safe to perform at least partial tenotomy of the ligament and thus render its reduction by this method possible. Whether or not the pressure of the pads will cause sloughing in some cases I have not been able to determine, for in a country practice cases of this kind are seldom met with.

I have had several surgeons examine the splint and they all believe the principle to be a good one.

I have not had the opportunity to make a practical test of the splint since I had it made, and in presenting it to the profession I hope that some one who may deem it worthy of a trial, and having an opportunity of trying it, if not for a fracture of the patella, some other accident at or in close proximity to the knee, will report the result."

TREATMENT OF PALMAR GANGLION.—The *Lancet* June 27, 1885, lays down the following rules for treatment of palmar ganglion, as in accord with, the best and most recent views of surgical authorities on the subject. The first point of importance is to attempt the cure of the cases as early as possible. No good can come of delay, which merely leads to greater distension of the cyst, and is especially to be deprecated as endangering the adjoining tendons, which become stretched, and even in some cases severed, by the pressure to which they are subjected. Second, the free evacuation of the cyst and the removal of all the "melon-seed bodies" it contains, whether these be free in its interior or adherent to its walls. For this purpose an incision about an inch and a half long, not a puncture, should be made in the most prominent part of the swelling, above the annular ligament, avoiding, of course, the radial vessels and the tendons, which can be felt through the skin. Pressure should be made in the palm to force out the fluid and as many of the loose bodies as will thus escape. Then a sharp spoon should be introduced, and the whole cavity scraped, to detach any "bodies" which may be still fixed to the synovial membrance. The "spoon" is much the best means of doing this. Some have trusted to injecting a fresh stream of fluid into the cyst, but this will not remove "bodies" which are still firmly adherent to the cyst-wall.

Volkmann passes a large drainage-tube through the cyst, and draws it sharply to and fro, and trusts to that to detach any adherent "bodies;" this is, however, an uncertain method, and if the cyst be old and large, with pouches extending from the main cavity, they escape the friction of the tube altogether. Having thus carefully removed all the contents of the cyst, whether solid or fluid, a solution of chloride of zinc, 40 grains to 1 ounce, should be applied to the whole interior of the sac, the purpose of this being so to modify the nutrition of its lining as to prevent any recurrence of the dropsy. A solution of iodine has been used for the same purpose, and some surgeons may be inclined to use iodoform instead. The most important steps in the treatment are those to be taken to secure healing of the wound without suppuration, at any rate without septic suppuration. As a preparatory step the parts must be thoroughly cleansed before the incision is made, and the operation should be conducted under an antiseptic spray or irrigation, and some efficient antiseptic dressing should be finally applied. A drainage-tube should be introduced into the wound and passed down beneath the anterior annular ligament, and only removed when the discharge through it is reduced to a minimum.

Dr. Weiss shows that if pressure be carefully applied over the palmar part of the cyst, all retention of fluid can be carefully obviated. The hand should be kept fixed on some kind of splint applied to the extensor aspect, until the wound inflicted is healed. As soon as that is accomplished, the fingers should be liberated and the patient be encouraged to move them. The results of this treatment are entirely different from those formerly met with. When the antiseptic precautions are carefully carried out, there is no danger whatever of blood-poisoning or of profuse local suppuration, and the final result is the restoration of a thoroughly useful hand. The tendons are not bound down by cicatricial bands, and after a time it may be impossible to find any trace of the previous mischief beyond a linear scar in the forearm. Weiss considers that the process of cure of the synovial cyst is analogous to that obtained in a

hydrocele by injection, or in dropsy of a joint treated by injection of iodine. At present no case of a recurrence of the ganglion after a septic incision and drainage has been reported.

IMPROVEMENTS IN EXCISION OF THE KNEE-JOINT, AND LIGATURE OF LARGE ARTERIES.—Mr. Edward Thompson says on this subject: There are some points in the treatment of excision of the knee-joint, both at the time of operation and subsequently, which seem to me to deserve particular attention. I have had a good many of these cases under treatment from time to time in the Tyrone Infirmary; and the suggestion I have now to make, and which I desire shortly to detail, are the outcome of my experience.

In the first place, I always make the first incision nearly straight across the limb, and as small in extent as possible; with one sweep of the knife the ligamentum patellæ is cut through, and the joint opened. The upper end of the ligament is then seized and dissected off the bone, and the patella removed. The subsequent steps of the operation require no comment. When the bleeding has ceased, the cut surfaces of bone are placed in close apposition, and the divided ends of the ligamentum patellæ are strongly stitched together with carbolised silk; the skin-flaps are brought together in the usual manner, and the wound closed, no drainage tube being inserted. The limb is at once put up in plaster-of-Paris, with a back splint of strong hoop-iron; another strong piece of iron is bent over the situation of the wound, so as to allow the application of the proper dressings; two side-splints of hoop-iron, about eighteen inches long, and slightly hollowed over the wound are placed lengthways, across the site of the joint, and over the plaster-of-Paris, the whole being firmly secured by a bandage. A completely rigid and comfortable bed is thus secured for the injured limb. The upper and lower portions of the limb are padded with French wadding, and, close to the wound, with carbolic tow. If there be any discharge from the wound it will penetrate the tow, which can be readily removed and replaced without disturbing the limb. I have heard a great many discussions, and read a great many elaborate articles, on the proper method of treating these cases; but, as yet, I have seen no apparatus which is so easy of application or so reliable as the plaster (se I have attempted to describe, and which is (ming into very general use.

The chief points I wish to emphasize are—1, (small extent of the primary wound really (cessary; 2, the preservation of the ligamentum] tellæ, not by its non-division, but by the divided (ds being stitched together; 3, the enormous an- (ior support afforded by the preservation of the] ment, and the lessened tendency to displace-] t; 4, the increased power given to the limb by preserving almost intact the insertion of the powerful crureal muscle; 5, that stitching the patellar ligament seems quite as efficacious as the recommendation by some authors of its non-division; and that, while effecting subsequently the same purpose, it in no way hinders, or renders more difficult, excision of the joint.

In all my recent cases of amputation of the thigh, I have tied the femoral artery with a strong carbolised silk ligature, and cut off both ends short. The wound has healed, and remained healed, in every case. Thus a troublesome cause of irritation—one end of the ligature being left hanging from the flap—and a very great impediment to the healing of the flap-wound by first intention, has been effectually got rid of.—*British Medical Journal*, Nov. 7, 1885.

DISEASES OF THE PLACENTA AND CORD DUE TO SYPHILIS.—The following are the conclusions of Dr. Saxinger of Tubingen, concerning this affection:

1. There exists a placental syphilis, which, in a fair proportion of cases, is recognizable on microscopic examination.

2. Placental syphilis generally accompanies fœtal syphilis. It is also found in maternal syphilis with a healthy child.

3. The placenta may be diseased in an isolated lobe and throughout its density, or solely in its fœtal portion, or its maternal portion.

a. If the mother has been infected by the fecundating coitus, with the fœtal syphilis, the placenta is found to be more or less diseased throughout. Ordinarily, the umbilical vessels themselves are diseased.

b. If the mother is not infected, generally, besides the fœtal syphilis, only the fœtal placenta and the cord are diseased. Nevertheless, the morbid process may extend to the maternal placenta, and infect the mother by intra-uterine repercussion.

c. If the mother has been infected some little time before conception, if the mother has been fecundated by a healthy man before the outbreak of general symptoms, and if she has undergone treatment during pregnancy, a healthy child may be born to her. Here the maternal portion of the placenta is generally the only one diseased.

d. If the mother has been infected some considerable time before the fecundating coitus, ordinarily it is the placenta alone which is diseased. Under the influence of the progress of the morbid process, the fœtal placenta and the whole of the placenta may be involved in turn, and the fœtus participate in the infection, if indeed, from the the disturbance of the circulation, it is not destroyed.

e. If the mother is fecundated by a healthy man, and if she is not infected until later, in spite of the immunity of the fœtus, the placenta is al-

way diseased, however slightly. When the mother is syphilitic, the placenta does not escape, unless the mother be infected at a period very near to her time of delivery.

4. It is not proved positively that a woman can be infected by the passage of a syphilitic child through the genital organs, nor that a child can be infected during delivery.

5. Experience shows that children conceived during the first years of acquired syphilis, or badly treated syphilis of the parents, die during intra-uterine life, or are born non-viable. A mercurial treatment, which is well directed, may interrupt this transmission at all periods, or maintain a condition that is latent for years. If syphilis remains so latent in an organ, it is possible, after appropriate mercurial treatment, to see healthy children born, and later syphilitic children.—*Archives de Tocologie*, June, 1885.

LEAD POISONING AMONG SEWING MEN AND WOMEN. — Dr. Arthur V. Meigs, of Philadelphia, Physician to the Pennsylvania Hospital, has a note under the form of "a clinical lecture" on this subject in the *Medical News* (November 21st, 1885), with the title of "An Unusual Cause of Lead Poisoning," which should attract attention. As he entered the waiting room of the ward, he noticed a man seated upon a bench, looking very pale, and with an expression of great pain upon his face. He said he had violent pain in the abdomen. As he protruded his tongue for inspection, his breath had a heavy disagreeable odor. He had had no passage from his bowels for five days, and had been constipated for some time past. There was also upon both the upper and lower gums, the characteristic blue discoloration of lead poisoning. The man said he was a tailor, and had not done any other sort of work for a long time. Nothing could be learned tending to show that his drinking water was in any way contaminated, and he strenuously denied using any leaden implement or handling the metal in any shape. Later, the Doctor was told that Dr. H. C. Wood used to relate in his lectures at the University of Pennsylvania, that he had attended sewing women suffering with lead poisoning contracted from biting thread, which it was found was weighed with sugar of lead. Upon asking at a large tailoring establishment in Philadelphia, Dr. Meigs was told that much of the sewing silk used now-a-days is treated with sugar of lead to give it the desired weight; and then the Resident Physician, Dr. Penrose found in the *Half-Yearly Abstract* for 1866 (from July to December), an article by M. Chevallier, giving an account of how thread was treated with lead, and how women using it suffered from lead poisoning. The patient under consideration undoubtedly had the disease from the use of thread which had been treated with sugar of lead. Dr. Meigs finished his lecture by advising the use of morphine to relieve pain; then Epsom salts to relieve constipation; and then iodide of potassium to eliminate the poison from the system.

This record has an important suggestive bearing in general practice. It is not altogether improbable that some of the cases of constipation and agonizing abdominal pains met with in sewing women and tailors are due to just such a cause. The *colica* pictonum is sufficient to awaken the suggestion of lead poisoning in such persons, although there be no blue line along the gums, wrist drop, etc. It is a very common habit for sewing persons to bite off the threads they use and keep portions of them in their mouth to chew on as a quid. Family physicians in their talks to families about household hygiene should keep their patients warned about such a possible result of improperly using threads; and in doubtful cases of persistent constipation, with abdominal pain, resembling colica pictonum, it would be well to resort at once to iodide of potassium, along with remedies to relieve pain and constipation. We are satisfied that in our professional rounds we have seen cases that would have been more speedily relieved by such measures than by the vacation plan of treatment which we have advised, under the impression that the trouble was due to sedentary habits, leaning forward in cramped positions, etc.—*Virginia Med. Monthly.*

FRACTURE NEAR A JOINT.—Dr. Coskeny contributes an article in which he shows that the signs of fracture ordinarily laid down in the books, namely: crepitus, deformity, and mobility are practically useless when the bone is broken near a joint. For these he proposes to substitute the signs: fixed pain, the site and quantity of hemorrhage, and perfect helplessness of the limb. He says:

"We will take up and describe each of these signs. It often happens, as for instance in fractures of the fibula alone, that we can observe no *deformity*, *crepitus*, or *mobility*, but, if we follow the line of the fibula up, at one certain point, the tip of the finger elicits pain. If this is always complained of whenever pressure is made upon this point, I think the diagnosis is plain. The pain is evidently due to the soft parts being irritated by the sharp edges of the fractured surfaces.

"The second of these signs, the *site* and *quantity* of the hemorrhage should be considered thus: my patients fell striking upon the *outer* side of the limbs, and ecchymoses slowly made their appearance on the *inner* side, and then in considerable quantity. Had the bleeding been the result of contusion alone, it not only would have appeared sooner, but at the point injured. As it was from the small and noncontractile vessels of the bone, the bleeding was longer in progress than it would

have been in the soft parts, where very probably a larger vessel would have been ruptured. Again, during this slow bleeding, the blood had time to gravitate to a dependent position, or direction of easiest escape. But in my own opinion, the absolute helplessness of that portion of the limb that contains the broken bone is probably the most important of these signs. The fact that a patient has not made a step after the accident, or raised his hand above his head, is a strong point to start from in attempting a diagnosis. (I am aware that persons are said to have taken a few steps after having met with an impacted intracapsular fracture of the femur, but this has nothing to do with the point under consideration).

"There is one mistake that I have several times seen made in diagnosticating fractures of the femur. When the patient is told to raise his thigh from the bed he can do so by contracting the hamstring muscles, sliding the heel upon the bed, and thus the lower end of the femur is pushed up by the head of the tibia; but the psoas-magnus and the iliacus do not contract. For fractures in the continuity of the long bones these signs are, of course, of no use, but for those in which difficulty of diagnosis so often leads to mistakes in diagnosis, I think the presence of one or more of them should suggest to us the probabilities of a fracture, and should indicate to us the proper plan of treatment." —*N. W. Lancet.*

Habitual Abortion and Kidney Disease.—At the recent meeting of German scientists and medical men at Strasburg, Dr. Fehling, of Stuttgart, read a memoir on habitual death of the embryo in kidney disease. In the first case under his observation, premature expulsion of a dead fœtus, occurred six times, and there was no evidence of syphilis. At every pregnancy, anasarca, albuminuria, and death of the fœtus, with severe cramp of the abdominal muscles, occurred, between the fifth and sixth month; the dead fœtus was expelled from three to ten weeks later. In the second case, similar symptoms appeared in a young unipara; the fœtus died, and thereupon the albuminaria abated. In the third case, the patient had borne two healthy children. During her third pregnancy, albuminuria and characteristic changes in the retina occurred; and, during the fourth, she was seized with hemiplegia; in both, a decomposed fœtus was expelled at the fifth month, with subsequent decrease of the albuminuria. In the fourth case, the patient in her first pregnancy aborted at the fifth month; then she gave birth at term to a recently dead child. In the third pregnancy, great œdema and albuminuria supervened, the child was stillborn, and the mother died of uræmia. Dr. Fehling believed that in all these cases, kidney disease existed before pregnancy, which aggravated the renal symptoms. Winter had described two cases of premature detachment of the placenta, normally situated, where albuminuria existed. Dr. Fehling found atrophy of the villi of the chorion, with wedge-shaped or spherical infarcts in the placenta, in his cases, similar to renal infarcts. The infiltration of the chorionic villi and vessels of the umbilical cord with small cells, as seen in syphilis, was absent, nor did any of the embryo exhibit a trace of congenital syphilis. - *British Medical Journal*, November 21, 1885.

The Treatment of Chorea.—In a paper on this subject, presented to the Harveian Society, of London, Dr. W. B. Cheadle, after referring to the failure of innumerable specifics, and to the skepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of one hundred and sixty cases observed during a period of eight years, he stated that the average duration of the disease under treatment had been five weeks (the extremes being ten weeks and four days); whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic, he had at last found an agent which did succeed. Todd, as long as forty years ago, had recognized its power; so had Babington and Begbie; but dread of the poison had checked their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of liquor arsenicalis, with small doses of tincture of perchloride of iron. A comparison of long series of cases treated without arsenic and with arsenic respectively, gave for the former an average duration of forty days, for the latter, twenty-nine days; and this difference was increased when the last fifty-eight cases were compared with fifty-eight consecutive cases in the former series, the average duration under arsenic being only twenty-four days. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others, viz., a bronzing of the skin analogous to that observed in Addison's disease. The staining was most masked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, while advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.

Strychnine in Delirium Tremens.—That the

tremor, so characteristic of cases of chronic poisoning by alcohol, is greatly benefited by the persistent use of strychnine, which, by the way, is the most efficient remedy for this very ailment, has long since been recognized as a well-established fact. But that the same drug also is a powerful remedy for an attack of delirium tremens, has been less known, though occasional mention has been made of the fact. We learn from the *Deutsch. Amerik. Apoth. Zeit.*, vi. 9, page 277, that Dr. Journet, of Lyons, has recently treated such a case, where he employed subcutaneously over one and one-half of a grain of sulphate of strychnia within forty-eight hours, without having given rise to any symptoms of poisoning. Further, Dr Lardiére, who a short time ago demonstrated the fact that strychnine was the best and perhaps only true antidote in alcoholic poisoning, published but a few weeks ago another case, that of a man, æt. 42, who presented all symptoms of delirium tremens, as, history of debauch, tremor, redness of the face, hallucinations, sleeplessness, etc. Within four days this patient received nearly 4½ grains of strychnine therefore, an enormous dose, with the result that a rapid improvement took place, and by the end of the fourth day a complete recovery set in. Within the first twenty-four hours the pulse fell from 124 to 90, as the effect of one grain of strychnia. The drug must be given hypodermically, and seems to be specially indicated in cases of weak heart. —*Med. and Surg. Reporter.*

DIPHTHERIA.—Dr. I. J. M. Goss writing to *Eastern Med. Jour.*, concludes as follows:

The treatment must be very rapid at the outset, which is the only hope of success. In mild cases which may get well themselves, the chlorides of iron, and potash have been used with apparent success, and so of some other remedies, but to cure a case of the more grave type, the best antiseptics must be given at the start, and constantly continued to the end of the attack. Where the disease is from a systemic poison, or inoculation, yet the local manifestation must also be met by appropriate local means, as a spray of permanganate of potash, 4 to 6 grs. to the ℥, used every one or two hours; or a saturated solution applied with a pencil brush as often. And between the times of using the above, the throat may be touched with a brush or swab dipped in equal parts of alcohol and spirits of turpentine.

Internally, the patient should take 1 or 2 grs. of sulphide of calcium every two hours, and alternate that with the tincture of baptisia tinctoria. If no improvement be manifested in twelve or twenty-four hours, then give 1 to 1½ grs. of the permanganate of potash every two hours, in alternation with the sulphide of calcium, and have the tonsils and palate sprayed with a solution of the compound tincture of iodine, say 1 part to four of water, every one or two hours, and at the same time if the lymphatic glands are affected, the ointment of iodine should be applied to them three times a day. If these remedies then fail, the child's throat should be touched with the tincture of eucalyptus globulus every two hours, and 10 to 15 drops given in *sweetened water*, every two hours. Equal parts of iodide of potash, and the chloride of potash is used by some writers, and with good results, say 1 ℥ of each, to 6 ℥ of water, dose 1 ℥ every half hour, so that the throat will come in contact with the solution and the system become saturated with it as soon as possible.

QUINIA BY INUNCTION.—Dr. Wm. W. Moore, says in *Peoria Medical Monthly*: About one year ago I was called to see two children, one five and the other seven years of age, both suffering with malarial fever of a remittent type. I prescribed calomel and podophyllin in small doses every three hours until free catharsis was induced, alternating with liberal doses of quinia. The little five year old boy took his medicine without any grumbling, but the combined force of her parents, supplemented by the nurse's and my own efforts, failed to make the little seven year old girl swallow the medicine. While thinking about the advisability of a blister sprinkled with quinia, the thought obtruded itself, "Why not try inunction?"

Calling for some lard, I incorporated a large quantity of quinia with it, at least three or four times as much as I should have given her in twenty-four hours, with directions to rub one-eighth of the mass thoroughly every three hours over the abdomen and inner surface of the thighs. I should have stated that the symptoms in the little girl were of far greater severity than those of her brother. I left promising to be there at the same hour the next day.

Judge of my surprise, when upon my return, I found the patient without fever and getting along nicely. I prescribed the same treatment for the next twenty-four hours. I found her little brother with fever yet, although the remission was well marked. I went back on the third day and found the little girl convalescing rapidly, while the little boy, who continued to take his medicine *per oram*, ran on until the fifth day before his fever "broke." I have had occasion twice since then to resort to the same method, each time with like result, although not quite so promtly.

NERVE SUTURE, WITH IMMEDIATE RESTORATION OF FUNCTION.—One of the most remarkable results of the suture of a nerve ever reported is given by Surmay, in the *Archives Gén. de Médecine*, for Oct., 1885. The case was that of a man who had received a cut above the wrist, resulting in abolition of the function of the median nerve. For some time no attempt had been made to correct

the defect. Then electricity was tried without result. Six months after the accident, Surmay resected about three-quarters of an inch of the nerve, and joined the cut ends with a fine carbolized catgut thread, which had been ingeniously inserted before the intermediate portion was cut out. The function of the nerve was reëstablished within twenty-four hours! The parts which had before been affected—the second phalanx of the thumb and the two terminal phalanges of the index and middle fingers—were found to have wholly recovered their general and tactile sensibility; while the sensibility to pain and temperature had returned in the thumb and in the upper half of the phalanges of the other fingers involved. Complete restoration followed after several months.

This remarkable case furnishes a strong support to operative interference in other cases than those in which loss of function results from traumatic division of a nerve; for in this one the nerve was not found divided, but the part under the wound was occupied by an enlargement which was formed by pure hypertrophy of the neurilemma. It is always surprising that the cicatricial changes which must take place in, or immediately adjacent to, a resected nerve, should have so little effect in disturbing the result of the operation. In the case mentioned, it seems to have had some disturbing influence, although this passed off with time. Further, this case is interesting as raising questions in physiology which will bear close study, namely, as to the reinstatement of one part of the function of a nerve while another remains in abeyance, as well as in regard to the relation of the different forms of sensation, which are commonly divided into: common sensation or sensation of pain, and the tactile sense, which includes appreciation of changes in temperature. As Surmay's case seems to have been studied with great care, and to present many of the conditions of scientific accuracy, it may contribute materially to our knowledge of the physiology of the nerves. - *Med. News.*

FUNCTIONAL IMPOTENCE - DR. ULTZMAN'S TREATMENT.—The two forms of this affection which present themselves most frequently for treatment are: 1st, Psychial impotence; and, 2d, Impotencec from too early ejaculation of the seminal fluid. They occur usually in strong, healthy young men, and are the forms which yield readily to proper treatment. The treatment is almost entirely local, as the difficulty consists in the incapability of having a normal erection. The capacity of exciting erections resides in the prostate; hence, this is the point to which treatment is to be directed. This is of several forms, all calculated to relieve the hyperæsthesia of the prostatic urethra, and excite the prostate to the production of powerful erections. The simplest form of treatment is by passing a steel sound into the badder daily, leaving it there from five to ten minutes, at the same time depressing the handle so as to make pressure upon the prostate. Usually, in a few days or weeks, powerful erections are excited. The use of astringents upon the prostatic urethra is another method. The remedies used are either tannic acid or the solution of nitrate of silver. Tannic acid is inserted in small slender suppositories by the *porte remede* and deposited in the prostatic portion. Urine should not be passed for half an hour after the insertion. This treatment may be used every day, and not less frequently than every second day, till normal erections occur. Nitrate of silver is used in a five per cent. solution, and three or four drops deposited upon the prostatic portion by a deep urethral syringe, once every three or four days. During treatment, the patient should abstain from all sexual excitement.—*Buffalo Med. & Surg. Jour.*

THE USE OF ANTIMONIALS IN PNEUMONIA AND INFLAMMATION.—D. Leith Napier, M.D. (*Practitioner* for September), states that while children do not bear the antimonials as well as adults, the following "mistura scillæsalina" has proved of great utility (sometimes combined with a suitable dose of belladonna or hyoscyamus) in the febrile catarrhal condition attending dentition:

Saline Mixture.

℞ Liq. antimonii tart.,
Spts. ætheris nitrosi, aa f℥iij;
Liq. ammon, acet., f℥ij;
Aquam ad f℥viij. M.
Fiat mistura.

Squill Mixture.

℞ Vin. ipecac.,
Vin. antimonii, aa f℥ij;
Syr. scillæ, f℥ij:
Aquam ad f℥viij. M.
Fiat Mistura.

These mixtures may be given alone, the first being more generally employed. In some cases the squill mixture is given alone, as in the latter stages of pneumonia; but, as a rule, equal parts of each were used.

The benefits of antimonials are more evident in pneumonia than in other inflammations; but, while Dr. Nias (*Practitioner* for August) follows Trousseau in giving comparatively large doses in the stage of engorgement (not hepatization), Dr. Napier treats the first stages with salicylic acid, antipyrine, or quinine, reserving the antimony for the stage of resolution, except in cases marked by low stamina and great debility.—*Med. Times.*

CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.—Dr. Matthew Hay, of Edinburgh (who has accepted a chair at Johns Hopkins

University), presented a novel method for the treatment of serious effusions in the *Lancet* (April, 1883), the good results of which have been recently reaffirmed by Dr. W. G. Eggleston (*Four. Amer. Med Assoc.*, March, 1885). In cardiac dropsy, or pleural or abdominal effusion, abstinence from water and liquid food is enjoined for one day, and on the following morning a comparatively large dose (three ounces) of magnesium sulphate dissolved in two tablespoonfuls of hot water is to be administered. The results which have been reported have been surprising, especially where the saline is repeated on the second morning. Large watery evacuations are obtained, and the effect may be enhanced by the subsequent use of jaborandi (ext. fld. twenty drops), to act upon the skin. This method of treatment deserves further trial by the profession, not forgetting, however, that in children or persons subject to bowel-disorder a serious entero-colitis might be developed. Christison reported a case of a boy who took two ounces of Epsom salt and died with symptoms of gastro-enteritis without purgation. The hypodermic injection of solution of magnesium sulphate has been advocated in cases of dropsy.—*Med. Times.*

MERCURY AND ALBUMINURIA.—At the congress for internal medicine, held at Wiesbaden in April, 1885 (*L'Abeille Medicale*), Dr Fürbringer reported that he had found, out of a hundred chosen cases, eight syphilitics with perfectly healthy kidneys who developed albuminuria during mercurial treatment; the maximum albumen being five per cent.

The internal and external exhibition of the mercury was followed by the same results, which persisted during the whole of the treatment and disappeared some weeks after treatment was stopped.

The alterations in the kidneys were therefore not important, as was proven as well by microscopic examination.

In another series of one hundred cases of syphilis which had not been treated with mercury, or were no longer so treated, and in which the kidneys had been healthy, he was able to establish in twelve per cent. an albuminuria consecutive to the syphilis.

This in every case was discovered in the stage of the roseola eruption. Here the urine contained formed cylinders, which pointed to a light nephritis. This form of albuminuria gave way to mercurial treatment. Therefore he argues that the existence of albuminuria is not a contra-indication to mercurial treatment, which, on the contrary, should be prescribed as a necessity.—*Journal Cut. and Ven. Diseases.*

STEPHEN SMITH'S AMPUTATION AT THE KNEE-JOINT.—At a recent meeting of the Royal Medical and Chirurgical Society, London, Mr. Thomas Bryant read a paper on amputation at the knee-joint, and reported thirty cases. The author strongly advocated disarticulation by the method of Dr. Stephen Smith. He exhibited illustrations of the operation, and endorsed completely the remarks of the American surgeon upon the value of his method of procedure, and strongly urged its application to cases of amputation in the leg also. The muscle substance was generally included in the flap in thin subjects, but not in others. The resultant stumps in the leg thereby obtained were excellent. As compared with other methods mentioned, Mr. Bryant stated that the method of Dr. Stephen Smith was to be preferred, as it gave a better covering to the condyles of the femur, and the flaps were less prone to slough; it also placed the cicatrix entirely behind the condyles, out of the way of injury, permitting no bagging of fluids, the stump being in the best position for drainage. —*Lancet*, Dec. 12, 1885. [This operation was performed recently in the Toronto General Hospital, in the case of a railway injury to leg, by Dr. Fulton, with most excellent results. Almost the whole of the resulting cicatrix occupied the intercondyloid notch, and was thus entirely out of the way of pressure in wearing an artificial limb.]—ED.

ERUPTIONS DUE TO THE USE OF CERTAIN MEDICINES.—Quinine: Erythema scarlatina; papular erythema; hemorrhages and purpura; pemphigus, œdema, and prurigo. Cinchona, Belladonna, Stramonium, Strychnine, have the same characters as quinine. Digitalis: Erythema after long use. Aconite: Vesicular exanthemata. Santonine: Pemphigus, vesicles. Opium and Morphine: Erythema; papular eruption, with marked desquamation and itching. Pilocarpine: Increased perspiration. Atropia: Diminished perspiration. Phosphorus: Purpura. Mercury (internally): Erythema; eczema. Arsenic: Erythema and papules; vesicles and pustules. Carbolic acid: Erythema; pemphigus. Salicylic acid: Purpura; vesicular angina, pemphigus. Chloral: Erythema, slightly colored, itching, desquamation; purpura and petechia; eczema; Copaiba, Cubebs, Turpentine: Pemphigus, erythema, eczema. Cod-liver Oil: Acne. Iodide of Potassium: Papules, vesicles; pustules, ecthyma, eczema; ecchymoses and purpura. Bromide of Potash: Papules and pustules, deep tubercles with ecchymoses, pemphigus, ulcers.—*Translated by Dr. C. E. Warren in College and Clinical Record.*

LEUCORRHOEAL DISCHARGES FROM ROLLER SKATING.—Dr. Von Klein writes thus to the *Boston Med. and Sur. Journal*:

"Mrs. L. consulted me about two of her little girls, Anna, aged ten, and Eva, aged twelve years. The mother called my attention to a leucorrheal discharge which she lately observed on their cloth-

ing. An examination of the parts verified the mother's statement. I told her I could not account for it, as I had already seen it in children younger than hers, but the lady, who is of rather extraordinary intelligence, advanced a theory that their recent excessive indulgence in roller-skating brought on their affliction. Certainly, I partly coincided with her sentiments. When she returned home and spoke to other ladies about the matter, it brought out the fact that there were many others afflicted in the same way. In fact, I examined nine children in forty-eight hours, whom I found affected with leucorrhea. These children were all roller-skaters, from nine to sixteen years of age. Their mothers steadfastly maintained that they were not afflicted before they commenced the so-called exercise. I have reason to believe that the practice of roller-skating exercise is injurious to young females by reason of excessive movements of the lower extremities, especially of the pelvic organs, including the walls of the vagina. I trust the profession everywhere will record cases of this nature that may come under their observation, which will, I am sure, reveal many valuable pathological changes caused by the exercise of roller-skating."

MEDICAL NOTES.—Many of the patients applying for relief at the out-door department of the (Woman's Hospital, Baltimore), complain of vesical irritability, frequency of micturition, with burning pain at the meatus and much straining. In a large proportion of these cases the urine is alkaline and frequently cloudy. These symptoms are usually quickly relieved by the following combination:

℞ Acidi benzoici, ʒj;
Sodii biboratis, jss;
Aquæ, - fʒvj. M.

S.—Tablespoonful every three or four hours.

If the trouble does not yield to this medicine, Dover's powder in three-grain doses every two to three hours is frequently found effective.

As a tonic in the anæmic condition so often attendant upon the pelvic troubles of women, the following pill is given:

℞ Quininæ sulphat., gr. xlviij;
Ferri sulphat. exsic., gr. xxiv;
Strychninæ sulphat., gr. i. M.
Ft. pil. xxiv.
S.—One after each meal.

The operations for lacerated cervix are generally done in the hospital without an anæsthetic. A catgut loop is passed around the cervix and drawn tight by means of a wire-ecraseur frame. This not only renders the operation a practically bloodless one, but the strangulation of the tissues stunds the sensibility, and the denudation can be completed and needles passed without causing more than a slight degree of pain.—*Med. Times.*

HYPODERMIC INJECTION OF DEFIBRINATED BLOOD.—Dr. Oscar Silbermann, of Breslau, has published an account of two cases of severe anæmia which he treated successfully by the subcutaneous injection of defibrinated human blood. The first case was that of a little boy of eight, who, after measles and whooping-cough, became very anæmic, there being a systolic mitral murmur, vomiting, and fainting fits. Iron and other drugs were tried and proved useless, so forty grammes of defibrinated human blood were injected under the skin of the thigh, and a rapid improvement resulted. The injections were, therefore, repeated, and the child was completely cured. The second case was that of a girl of eleven, who had been reduced to a highly anæmic condition by profuse bleeding from a rectal polypus. There were in her case, as in that of the boy, a systolic mitral murmur, vomiting, and fainting fits. Fifty grammes of defibrinated human blood were injected subcutaneously into the thigh, and rapidly brought about a cure. The author remarks that the greatest care must be taken to disinfect the hands, the instrument, and the cutaneous surface, both of the patient and of the person who gives the blood. The blood must be completely defibrinated and kept at a temperature of 39° C.; also, during and after the injection, the surface should be rubbed or stroked in an upward direction.—*Lancet.*

THE DANGER OF VACCINATION SHIELDS.—In his capacity of medical officer to the Local Government Board, Dr. Buchanan has issued a caution against the use of vaccination shields. Cases of erysipelas have been traced to their use, and, having regard to their construction, is by no means difficult to understand why such results should have followed. That portion of the framework of the shield which rests on the arm, as also the bands for fastening the apparatus on, are covered with, or consist of, porous material, such as lint, &c.; and whenever any discharge takes place, this material runs almost certain risk of being soiled. Any subsequent use of the shield practically, amounts to the use of a dirty surgical dressing, and it is well known how serious a danger this is, even to the most trivial of surgical cases. Protection for a vaccinated arm is rarely wanted in the case of an infant, for the arm can easily be altogether taken out of the clothing, care being taken to wrap the child up warmly in some loose shawl or other similar article which is free from irritative dye. Having regard to these considerations, vaccinators are urged to discourage the use of so-called "vaccination shields," and to advise some other means of preventing irritation by means of clothing, where this may be necessary.—*Lancet.*

SHOCK AND ITS TREATMENT.—In a critical study of shock intended to elucidate its pathological relations, Groninger, of Berlin, defines shock as an

exhaustion of the medulla oblongata and the spinal cord produced by violent excitation. This definition is no doubt perfectly proper, though it strikes us as if the term "exhaustion" is not sufficiently clear for defining purposes.

He recognizes the following varieties: 1. The lowest grade of shock, which causes no appreciable effects. 2. A middle grade, which weakens sensation. 3. A high grade, which extinguishes qualitative sensation. 4. A highest grade which eradicates both passing and permanent sensations of every kind.

His views of the treatment are noteworthy: Energetic counter-irritations of the skin are to be excluded as useless and even dangerous. Abstraction of blood is contraindicated. Transfusion of blood can only be thought of in cases of great loss of blood. Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study. Alcoholic stimulants and subcutaneous excitation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most recommendable factors of treatment.—*Therap. Gaz.*

Artifical Membrana Tympani.—Dr. Barth, of Berlin (*Archiv für Ohrenheilkunde*, Bd. xxii. p. 208, August 12, 1885) has suggested a very good modification of the ordinary cotton-wool membrane, as follows:

Take a piece of cotton-wool, and pull or twist out one end of it to the length of four centimetres, leaving a tuft at the other end. The handle thus made should now be dipped in collodion, and the whole, supported by means of the tuft through the mesh of a cane-seat chair, allowed to dry. In the course of five or ten minutes the handle or shaft should be again twisted, best with moist fingers, and there is then provided a strong shaft of cotton-wool one to two millimetres thick, with a brushlike tuft, which can be further trimmed by the scissors as required. This artificial membrane is so simple and so easily made that every intelligent patient can make it for himself if he is obliged to wear such an aid for any length of time.—*Med. Times.*

Craving for Stimulants.—To counteract the craving for stimulants, when they are withdrawn, and to sustain the nervous system, the following combination is effective (Bartholow):

℞ Tinct. capsici.....f. ʒ vj.
Tinct. nucis vomicæ .....f. ʒ ij. M.
Sig.—Twenty drops, in water, every four hours.
—*Col. and Clin Record*, Oct.

Asthma.—Dr. Q. C. Smith, of Austin, Texas, writes: To relieve those desperate paroxysms of asthma that threaten life every moment until relieved, I am accustomed to administer hypodermically the following:

℞ Mur. pilocarpine,
Apomorphiæ each..... .....gr. ½.

The patient will quickly sweat profusely, breathe easier, and obtain sleep within ten minutes.—*Gaillard's Med. Jour.*

Chloral in Albuminuria.—Dr. Barduzzi, (*Il Movimento*) has obtained excellent results with chloral in daily doses of thirty to forty-five grains, continued for some time in the treatment of nephritis Under its use œdema is reduced and the albumen nearly or entirely disappears from the urine. The author regards it of especial value as a prophylactic of ecclampsia in the albuminuria of pregnancy. It is also useful in the so-called physiological or normal albuminuria.—*N. Y. Med. Record*, Sept. 19th.

Connection between Affections of the Eye and Spinal Curvature.—A Polish physician, Dr. Jarsinska, has traced a connection between errors of refraction and curvatures of the spine. In thirty-seven cases of curvature, he was able to prove with certainty the previous existence of those or other abnormal conditions in the eyes, such as insufficiency of the internal rectus, astigmatism, asthenopia, etc. Myopia alone, however, does not appear to cause curvature. Unequal vision and insufficiency of the internal recti seems to be most efficient in the production of spinal curvature. Spasm of the accommodation also is capable of producing it. Removal or relief of the eye affection is followed by improvement in the spinal curvature—a troublesome and obstinate class of cases in orthopædic practice.—*Lancet.*

Arsenic with Quinine in the Treatment of Malaria.—Dr. Ernst Hensler, of West Franklin, Ind., warmly advocates combining arsenic and quinine in the treatment of malarial fevers. He says that his residence in the Ohio bottom lands has given him a wide experience in this class of diseases. Like so many other physicians, he formerly used either quinine or arsenic alone, and often without success; but latterly he has been in the habit of giving the two drugs at the same time. Since commencing this practice, he states, all his cases were rapidly cured and no relapse occurred.

Blood-letting in Erysipelas.—Dr. Daniel Lizzaralde, of Buenos Ayres, stated that he has seen most excellent results following the abstraction of blood in facial erysipelas. The procedure is indicated in the case of a strong, full-blooded adult, when the temperature is high and the cerebral symptoms are threatening.

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A Monthly Journal of Medical and Surgical Science Criticism and News.

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TORONTO, FEBRUARY, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

TREATMENT OF PNEUMONIA.

We do not wish to convey the idea that we have anything new to offer regarding this very common and fatal disease. For the very reason that it is common and fatal, it should be kept before the profession. Moreover, the treatment as outlined in our text books, is extremely vague, and for the most part unsatisfactory, especially to the young physician, who has not the experience which will enable him to follow any particular line of treatment with confidence, being perplexed by the conflicting statements of some of our most reliable authors. Discussion will tend to the discovery and fixation of the theories and practices about which there may be a general uniformity of opinion. The benefit to be derived from a free interchange of thought, was well expressed long ago by the wise man who said, "as iron sharpeneth iron so does the countenance of a man his friend."

Since the "heroic" was abandoned for a more humane and rational mode of treatment, but little progress has taken place. Additions and subtractions more or less important have been made, it is ue; still we have made no very marked adnce. This statement is borne out by the fact, at we have been lately drifting a little back to me at least, of the old practices, a tacit acknowdgment that the profession has been carried a tle too far out on the wave of reform. At a cent society discussion, grey-headed veterans nfessed with sorrow, that whereas they formerly bled too often they now do not bled often enough, one of them confessing to not having opened a vein for twenty years. It is now almost universally conceded that venesection is a proper, lawful and beneficial remedy in selected cases. Antimony, especially in England, is generally administered in acute cases in small and repeated doses. Blistering once so fashionable finds but little favor. It is a severe and painful agent, needing careful handling. It is quite possible to kill a healthy person with a large blister. This is now so well understood that there is no danger of a re-action in favour of that adjunct in general treatment. A very small blister limited to the seat of pleuritic pain, may still be regarded as permissible. So much for the re-action in favor of old remedies.

The treatment which took the place of the heroic, some thirty years ago, may be called the expectant-supporting treatment. The better results obtained were not so much due to the practice being uniformly correct as to the fact of its being better than the one it supplanted. Results still better are now obtained from pursuing a middle course. While admitting that the tendency of disease is towards a lowered vitality, yet we now controvert the theory that disease is always best combated by a supporting and stimulating treatment. In the case of acute pneumonia, experience has clearly demonstrated the value of remedies classed as depressants. On the other hand, it is distinctly held that such remedies are inapplicable to asthenic cases. From this it would appear that the lines of treatment are pretty well agreed upon, and that the points of divergence have reference to the best means of fulfilling the accepted indications.

If we do not yet understand fully the nature and cause of the disease, we know well what its manifestations and tendencies are. The first aim of all treatment is the arrest of the morbid process, and failing that, to carry it through its course to a successful issue. We do not now often see the word "inflammation," formerly so freely interspersed in discussions on diseases. On the theory that the blood was the seat of the inflammation, the old treatment aimed at curing the disease by draining off the blood. But this had the disadvantage of frequently carrying off the patient. With a better understanding of the nature of the disease came a more rational explanation of the use

of the lancet. No one contends for indiscriminate bleeding. No one even contends for bleeding in a typical case. This potent remedy in our armamentarium is only to be used in extraordinary emergencies. That such emergencies do arise is painfully evident from the large number of sudden deaths, due to this disease. Should we be called to see a robust patient, more or less suddenly prostrated by pneumonia, temperature high, pulse full and rapid, great dyspnœa, the right side of the heart staggering under the blockade, the proper thing to do is to bleed at once and bleed freely. Of course the blood is the patient's capital, still, to save his life, he must part with some of it. That will raise the blockade, equalize the circulation, promote suspended organic function, and give a fresh starting point.

No well informed physician now denies the marked beneficial effects of venesection in suitable cases ; yet how seldom is the remedy resorted to ! How account for this discrepancy between theory and practice ? In cases scarcely demanding venesection, antimony is probably the best agent to rely upon. Early in the case, perhaps, no harm is done should temporary nausea be produced, but care must be taken not to prolong that condition. Given in this way it reduces arterial tension, induces perspiration, and promotes the secretions generally. Care must be taken not to keep up a too free and continued action of the skin, that being both disagreeable and exhausting. While no harm can come of the use of small repeated doses of antimony, continued through the acute stage, yet, the *average* case can hardly be said to call for it. Here veratrum, with liquor ammoniæ acetatis, or some such remedy, seems to supply what is wanted, namely, as in all such cases, the relief of blood pressure by equalization of the circulation. This end is generally well and satisfactorily fulfilled by the above combination. The veratrum should be given in such doses as to produce the desired end. Let the dose, and the frequency of its administration, be deliberately decided upon in each case, and let the pulse be carefully watched. Venesection makes its results manifest at once, and herein perhaps lies one of its chief merits. In the use of substitutes we should keep this object steadily in view. The patient should be brought as rapidly as is consistent with safety, under the influence of the remedy. To do this, the physician requires the aid of an intelligent nurse, should the patient reside at a distance. Much mischief is done by a slip-shod treatment. Let medicines be administered with care and precision and better results will follow.

Opium is a most important adjunct in the treatment of acute pneumonia. We are aware that some are opposed to it on theory, but we are convinced that in this case, as in many others, experience contradicts theory. Nothing tends more to recovery than freedom from suffering and a tranquil mind. Nevertheless opium is inadmissible in a number of cases. It must be withheld when the heart is overweighted and the block in the lungs extensive. When the disease arrives at the stage of expectoration, it is well to remember that opium may do harm by restraining exudation. At a later stage, ammonia, senega, and digitalis may all be necessary and are the best of our second class of remedies.

So far our remarks refer to cases of asthenic type, occuring in persons of good constitution. No greater difficulty can be imagined than that arising from shades of difference in cases met with in practice, in all diseases. This is one reason why medicine demands the very highest order of intellectual power. Text books are poor guides in individual cases, and often almost all depends on the knowledge and good judgment of the attendant. The semi-heroic treatment, if we be allowed the expression, above outlined, is not applicable to asthenic cases occurring in the feeble and unhealthy. In such cases the second, or stimulating class of remedies, will be called for from the outset. Here too we would remark that remedies should be administered in their proper therapeutic doses—neither too small nor too large—neither too seldom nor too often. Let us decide exactly what we are to do and act promptly on this decision.

Perhaps we should not close without some matters of routine. We need say no more about extensive blistering. That is deprecated on all hands as a piece of painful barbarity, which cannot fail to counteract the tranquilizing effects anticipated from our other remedies. Since the abolishment of cantharides—hot linseed poultices have been very extensively used, and we have the highest authority as to their beneficial action. The French jacket poultice is the best, indeed by

this simple means the patient is really "bled into his own veins," the blood pressure in the heart is reduced, the heart is stimulated by the heat, and the blood which, as we before said, is a part of the patient's capital is conserved for future need, when perhaps the powers of the system are strained to the last point of endurance. No doubt when the temperature is high, the practice tends to check radiation, but this disadvantage is small when compared with the relief obtained by its use. The question of using an anodyne liniment having slight couter-irritant action has been raised, to avoid this addition to the body heat, but remembering the words of Rindfleisch, that moist heat is what is required, we do not think that the liniment would fulfil so useful a purpose as the poultice.

The question of treating pneumonia by large and repeated doses of quinine is as yet *sub judice*, though several men of experience have reported very favourably as to its action. We hope to present to our readers some of the conclusions of the profession in this matter, in the near future.

A FIELD FOR OUR ANATOMISTS.

A clever writer in one of our English magazines some months ago undertook the task of attempting to describe man as he would be some thousand years hence, after having undergone all the various changes brought about by the gradual "adaptation to environment"—to use scientific phraseology. The author came to the conclusion that man in after ages would be a hairless, toeless animal, incapable of extended locomotion, and with a head abnormally large. The data from which he argued are easily recognized: the wearing of hats and boots, and the large amount of time spent in pure brain work are the chief.

By some the article was considered to be merely a travesty on the theory of evolution. By others it was thought to be a true but over-estimated account of the practical workings of that theory. In whatever light regarded, however, the paper contains many suggestions, interesting, not only to the evolutionists and biologists, but especially to enthusiasts in the study of human anatomy.

Whatever views may be held on the doctrine of the descent of man, it is a matter of every day experience that morphological and physiological changes are created by "adaptation to environment." Nor are these changes by any means limited to the lower animals. Perhaps, indeed, owing to his greater activity and dispersion over the whole globe, these changes are greater and more apparent in man. This it is which makes the subject interesting to the general biologist, and consequently to the medical man. Let us glance at a few of these changes; and, for sake of example, let our view be limited to the professional and upper classes.

These classes devote a large portion of the twenty-four hours to reading. In process of time this must give rise to many more or less minute anatomical peculiarities. There will be a tendency to myopia, since the lens will contract a habit of remaining fixedly abnormally convex. The external and internal recti muscles will be enormously developed. And for this reason: in perusing a page of a book or a column of a newspaper, the eye travels from left to right and back again several hundred times, while the superior and inferior recti act but once or twice.

Again, these classes lead a comparatively sedentary life. The gluteal muscles consequently being imperfectly nourished, will tend to gradual atrophy. The tuberosities of the ischium, too, may change in form.

Violent exercise being rare, the respiratory muscles will degenerate. Man will become short-winded, in fact. Already there is a vast distinction in this respect, not only between man and the lower animals, but also between different tribes of men—between the average American young lady and a North American Indian for example. The increasing use of vehicles will hasten such changes in the gluteal and respiratory muscles.

Owing to the fact that so many actions are performed by the right hand alone, not only will mankind become more generally one-handed, but, as a consequence of this, the left side of the cerebellum should preponderate in size over the right. This may in time appreciably alter the shape of the cranium. Perhaps the upper extremities and the head will cease to be bilateral.

These are but a few isolated instances of changes which must undoubtedly be gradually taking place in a single class of men. It would be interesting to extend the enquiry further: to examine, for ex-

ample, the effect of various descriptions of skilled manual labor upon the artisan class; of the mode of life in factories upon mechanics; of the out-door life upon laborers; and so on.

That the transformations are minute and extremely gradual, is, of course, true; but it is to such small and slow-moving tendencies (added to climatic influences) that the wonderful differences between races have been brought about. The nymphæ and the nates of the South African women famed for the large size of these parts doubtless owe their existence to some such processes. It is but scientifically correct to expect anatomical abnormalities to occur. And if anatomical, then, too, physiological. Their practical import is naturally at present almost *nil;* but to the physician and the surgeon of some centuries hence they will not be so. And the physician and surgeon of some centuries hence will perhaps thank us of this generation for having noted changes which will explain to him otherwise inexplicable facts—as the astronomers of the nineteenth century owe much to Chinese annals written some thousands of years before. A thorough and exhaustive view of this subject extended to all the races of mankind, and including every phenomenon which in any way acts upon the human frame may bring to light very many various and important facts hitherto unknown. That this is partially recognized is seen by the careful, accurate and minute investigations yearly prosecuted by the Anthropological Section of the British Association. We are not aware, however, that this Section has paid any particular attention to the group of changes to which we have above adverted. Here is an excellent field for our anatomists.

CHEYNE-STOKES RESPIRATION.

In Cheyne-Stokes respiration, named after the observers, whose name it bears, and who first described it, we have a form of dyspnœa characterized by a peculiar rhythmical change in the breathing. After a period of apnœa lasting from ten to forty-five seconds or more the respirations commence, at first very shallow—so shallow as to be perceived with difficulty, but gradually they increase in depth and rapidity, till the breathing is loud and violent, the breast heaves and the nostrils are dilated. In some cases the patient now suddenly rouses, perhaps with an exclamation, has an excited and anxious look, which soon gives place to a placid expression; the patient usually dozes off again, the respirations grow weaker and shallower, until eventually they cease altogether. After a period of apnœa, they begin as before and the cycle of phenomena is repeated. In cases where the patient does not rouse at the acme of respiration there is a gradual decrease as before, ending in the cessation of the respiratory efforts.

This symptom is regarded as a most serious one, being almost always followed by a fatal issue of the disease which occasions it. It occurs in uræmia, organic heart disease, especially in fatty degeneration; certain cerebral affections, as tubercular meningitis, lesions which involve the respiratory centre, etc., etc.

Goodhart draws attention to a modified form of Cheyne-Stokes breathing often observed in infants, which has not at all the same diagnostic import as in adults. He regards it as a paroxysmal type of respiration—at one with the paroxysmal manner in which children perform many of the ordinary acts of life. A nervous discharge occurs—then a pause, another discharge and so on. As the nerve centres reach a high state of training they work more regularly and the discharges are more or less continuous.

Various theories have been advanced to account for this form of breathing, none of which can be considered satisfactorily to make clear why it should occur in certain forms of heart disease, though it may be easily understood why irregularties of breathing should follow lesions of the medulla, affecting the respiratory centre. There seems to be a scarcity of information on the subject, but few autopsies having been made with a view to clearing up the pathological condition giving rise to this symptom. While we have no sufficient accounts of the lesions observed, one or two cases have been reported in which the nervous lesion was located. In one case where Cheyne-Stokes respiration had been observed but a few days previous to death, the pathological change was observed in the upper portion of the bulb, and both pneumogastrics were healthy. This is delightfully vague. In another, the vagi were found diseased, the left but slightly at its periphery, while in the right nerve, the lesion extended into the bulb. At the same time the medulla was the seat of con-

siderable changes, chiefly just above the longitudinal furrow of the calamus scriptorius.

Among the various theories which have been advanced to account for the symptom, the best, though at the same time the most complicated, is Bramwell's. He, following the teaching of M. Foster and others, supposes, that the inspiratory centre consists of two portions, one accelerating and one inhibitory. He further believes that these two portions are acted upon in opposite directions by the blood, whether arterial or venous. Thus while venous blood stimulates the discharging cells of the centre, and depresses the inhibitory portion, arterial bloods acts in exactly the opposite direction. He also supposes the accelerating or discharging portion to be in a state of "irritable weakness." Now, at the close of a period of apnœa, the discharging portion is stimulated by the supply of venous blood and at the same time the inhibitory portion is depressed thereby. Hence though the respiratory apparatus has been on what may be called the "dead centre," respiration commences, and increases in force until the blood is fully oxygenized. Now, however, the inhibitory portion is stimulated and gradually overpowers the discharging portion, it being in a state of "irritable weakness," and soon worn out. The respirations grow weaker and weaker until at last the inhibitory portion gains complete mastery, and apnœa results.

This theory does not satisfactorily account for the weak shallow respirations at the commencement of the cycle. Would it not be more probable, that, with the blood loaded with carbonic acid, and the inhibitory portion therefore greatly depressed, the discharging portion, stimulated by the impure blood, would cause explosive breathing, lasting with decreasing strength until the blood was fully oxygenized.?

Dr. Sansom believes there is a condition of partial paralysis of the respiratory centre, which thus requires a large amount of carbonic acid to stimulate it to action. This is furnished by the period of apnœa; respiration then commences and increases until the blood becomes fairly purified, when owing to the less amount of stimulation the respiratory centre gradually ceases to act and the breathing comes to a standstill. The theory advanced by Filehne, that a deficient supply of oxygened blood produces a contraction of the arterioles of the body—and of course of the medulla—through the action of venous blood on the vasomotor centre would account for the phenomena observed; but what is the primary condition of the centre which renders it abnormally weak? Why does it not perform its function? Why is there a period of apnœa by which the blood becomes loaded with impurities with which to stir up the sluggish centre? Here Bramwell's supposed "irritable weakness" comes in, but after all the point to be decided is, what is the pathological condition of the respiratory centre, or of the vagi which lies behind the first development of this symptom.? Until that has been more clearly made out no amount of theorizing will, it seems, be able to make plain the cause of this peculiar form of respiration.

PASTEUR FORESTALLED.—"While exploring the Kalahari," said Mr. Farini (From the *Pall Mall Gazette,)* "where extremely poisonous snakes abound, several cases of the nude natives being bitten by them came under my notice, and, strange to say, the untutored savage, although not knowing anything about *similia similibus curantur*, cure themselves by inoculating with other virus. There is not a native nor a hunter that does not carry either the dried body of a deadly poisonous reptile called the N'anboo, the poison sacs of the puff adder, yellow cobra, or capella. Their *modus operandi* is this:—As soon as possible after being bitten they make slight incisions close to where the poison fangs entered, into which they sprinkle some of the dried and powered virus. The first effect is to induce sleepiness, the swelling soon goes down, and in a day or two they are as well as ever. Three of my oxen were bitten, and cured by inoculation. One case of the bushman who had cured the oxen I must specially mention. He boasted of not being afraid of being bitten One day while walking ahead of the waggons I discovered a full-grown capella lying under a bush. I called the bushman and asked him to catch it if he was not afraid of being bitten. He replied he would if I would give him a roll of tobacco. I refused not wishing to be accessory to his death. While I was waiting for the driver's whip to dispatch the snake, the bushman gave the reptile a kick with his bare foot, and the horrible thing bit him. But the bushman coolly took from a little skin

pouch some poison sacs, cut a piece off and reduced it to powder, pricked his foot near the puncture, which had commenced to swell, and rubbed the virus powder in. One of the other bushmen who had killed the snake and extracted the poison-cysts, handed one of them to him: he squeezed a drop of poison out of it into some water and drank it; he seemed to fall into a kind of a stupor, in which he remained for some hours. At first the swelling increased rapidly, but began to subside after some hours. Next morning he inoculated himself again; that night the swelling had completely disappeared and the fourth day he seemed as well as ever, and claimed the roll of tobacco." Mr. Farini took the precaution to bring home the poison of several snakes and a portion of a N'anboo, which he is sending to M. Pasteur to experiment with.

PERMAMENT DEAFNESS CAUSED BY SALICINE AND QUININE.—The *Lancet* draws attention to the fact that pernament deafness may be caused by the continued use of large doses of quinine and salicine.

From experiments made by Kirchner on cats and rabbits, it appears that hyperæmia and exudation in the labyrinth, semicircular canals, and cochlea follows the administration of quinine.

He mentions also the case of a woman who had an exudation into the tympanic cavity after the prolonged use of salicylic acid, which he removed by performing paracentasis of the membrane tympani. It is stated by Schilling that the combination of ergot with salicylate of soda prevents tinnitus in the great majority of cases. The borate of quinine has been shown by Finkler and Prior to be less liable to produce quininism than the muriate. It would certainly appear as though the salt was to blame for these cases when permanent deafness follows hyperæmia and exudution in the labyrinth, but the disease for which the salts were used may have played a part in the production of the anatomical change on which the loss of hearing depends.

ONTARIO MEDICAL ASSOCIATION, COMMITTEES.—The President, Dr. Tye, has named the following gentlemen as members of the respective committees:

Medicine—Drs. Gillies, Caw, Hunt, Geikie. *Surgery*—Drs. Atherton, Stark, Throill, Elliott, Gilpin. *Obstetrics*—Drs. Eccles, McDonald, (Hamilton) Brouse, A. H. Wright, Roseburgh. *Ophthalmology*—Drs. Palmer, Reeve, Ryerson, Burnham, Roseburgh. *Necrology*—Drs Fulton, Harrison, Wishart. *Papers, &c.*—Drs. Sheard, Graham, Edwards, Hillary, Walker. *Ethics*—Drs. Holmes, McLean, Moorehouse, (London), Mullin. *Audit.*—Drs. Oldright, Teskey, Yeomans. *Arrangements*—Drs. Temple, Wright, White, W. H. B. Atkins, Pyne, Sheard, Powell, Rosebrugh. The subjects chosen by the chairman in medical surgery and obstetrics, respectively are:—*Pneumonia, Fractures of the thigh, and Puerperal Albuminuria.*

PRESENTATION TO DR. MEWBURN.—The Medical profession of Winnipeg have presented Dr. Mewburn, late Hospital Surgeon, with a gold watch and chain, valued at $150, accompanied with an address expressive of the high esteem in which he was held by them. He was also presented with a gold-headed cane by the students of the Medical School. We are glad to notice these kind courtesies from members of the profession towards each other.

WOODSTOCK MEDICAL ASSOCIATION.—The second annual meeting of the above association was held in the President's office on the 5th ult. Officers for 1886, Dr. L. H. Swan, President; Dr. J. C. Thrace, Vice-President; Dr. G. W. A. Ross, Secretary and Treasurer. The association is in a flourishing condition; many papers of interest having been read during the past season.

ABORTIVE TREATMENT OF TYPHOID FEVER BY MERCURY.—The *N. Y. Medical Journal* gives Kalb's method of treating typhoid fever by mercurial inunction. The inunctions should be undertaken before the ninth day, when he says, defervescence takes place in a few days. The inside of the thigh is chosen for the frictions, which should be continued for half an hour each time. To counteract the damage to nutrition it is advised to use large quantities of alcohol.

ELECTRO-THERAPEUTICS.—Those interested in the subject of electro-therapeutics, or the apparatus for its application, are requested to correspond with Dr. A. M. Rosebrugh, Toronto.

CORRECTION.—Readers of the *Lancet* will please make the following correction in Dr. Aiton's article of last month. Page 130, 1st column, 19th line, from top—"cross lesion," should have been *gross lesions.*

REPORTING CONTAGIOUS DISEASES.—Dr. Canniff wishes to call the attention of the profession of Toronto to the requirements of the Public Health Act with respect to reporting cases of contagious diseases. This should be done promptly and every question answered. Any practitioner not supplied with blank forms can obtain them on application, stamped ready for mailing.

Dr. Lewis (*Medical World*, September) gives the following as his prescription for sexual debility.

℞ Phosphori, ... gr. i.
Ext. Nucis Vom., . . . gr. x.
Ext. Cannabis Indicæ, . . gr. v.—M.
Div. in pil. no. xx.
Sig. One night and morning.

CORONERS.—Dr. J. A. McArthur of Port Elgin, Ont., has been appointed coroner for the County of Bruce; and Dr. S. Scott of Lloydtown, coroner for the counties of York and Simcoe.

BRITISH DIPLOMAS.—Dr. J. B. Lawford (McGill) has been admitted to the Fellowship of the Royal College of Surgeons, Eng.

ROBERT DOUGLAS, A.M., M.D.

We deeply regret to announce the death of Dr. Douglas, of Port Elgin, Ont., Vice-President of the Ontario Medical Council, on the 24th ult., at the age of fifty years. He had been in failing health for several years past, but his death was in the end somewhat sudden and unexpected. Two years ago he went abroad for the benefit of his health and returned much recuperated and resumed his practice, but the improvement was not permanent. The doctor was educated in Queen's College, Kingston, and received the degree of B.A. in 1851 and M.D. in 1856. He was elected to the Ontario Medical Council for the Territorial Division of Saugeen and Brock, in 1880, and re-elected in 1885, so that his death creates a vacancy in the Territorial Division ed at the Council Board. He practiced many ars in Port Elgin and possessed in a high degree ie confidence of the profession and the public. His ss will be greatly felt by those who knew him timately, and his family and friends have our epest sympathy in their great affliction.

Books and Pamphlets.

PSYCHIATRY. *A clinical treatise on diseases of the forebrain* by Theodore Meynert, M.D., Vienna, translated by B. Sachs, M.D. PART I.—The Anatomy, Physiology and Chemistry of the Brain. New York: G. P. Putnam's Sons.

As the title of this book indicates, it is intended for the specialty of alienism. The paper is very good and the type will not hurt the eyes even of aged readers. It would be a pleasing duty to award equal commendation to *all* the illustrative plates, no less than sixty-five in number. The reader whose eyes are not of microscopic power, will do well to provide himself with a suitable magnifying glass to enable him to discover the lettering on a few of the above, which though probably very accurate likenesses of the original preparations, have certainly gained nothing in the way of clearness at the hands of the American artist. If the plates 27 and 28, for example, are faithful reproductions of the Viennese artists work, the misfortune must be ascribed to the inappropriate colouring method employed by the author. As the book will be sought after chiefly by psychiatrists, a class of men whose patience is severely enough taxed by the unavoidable perplexities of their vocation, it is a pity that any impediment should be encountered by them, in their laudable efforts to acquire a better knowledge of the anatomy of the brain. It would be perilous to assert that a certain or uncertain minority of their body are already so thoroughly versed in cerebral anatomy and physiology as to stand in no need of further enlightenment. Meynert's descriptions of the constituent parts of the brain, and of their structural and functional relations, cannot fail to be studied with much profit, not only by the imperfectly informed who may muster courage to master the task, but also, and perhaps still more, by those who have made the subject a favourite and prolonged occupation. Let it not, however, be taken for granted, that the great Austrian specialist has reached the Ultima Thule of cerebral science. Readers who may have cultivated acquaintance with the productions of the experimental scientists of other countries, outside of Austria and Germany, cannot fail to see that Meynert would have benefited by a larger intimacy with outside psychical literature. Not in a single instance, in the present volume, has he

named an Italian writer, and it is beyond all question that had he given to the works of Tamburini, Golgi, Luciani, Seppilli, Bianchi and numerous others of the grand old peninsula, even a trifle of his time, he would have produced a still better treatise. Of English writers he *names* but five, and these do not come forth from his pen with much eclat. Of Ferrier, he makes short work, in the following sinistral by-slash. "In parenthesis be it said, that Ferrier's "centres" have met with opposition from *all* other quarters." The italic *all* is Meynert's. It is certainly a *multissimum in parvulo*, but it will not extinguish Ferrier. That his *centres* have been criticised and usefully qualified by several distinguished experimentalists, is well known to readers of foreign medical literature, as well as of English, but that they have met with opposition, in the sense of repudiation or negation, is very far from fact. One can understand why an Austrian Professor could not afford to know something of the doings of a people from whose confines the troops of his own country were ignominiously driven, but what have the English done to merit his scorn? If we may judge from a straggling passage in his preface, Meynert intends in his next volume to annihilate the doctrine of inherited insanity. This will do much in vindication of the mental soundness of his antecedents. Perhaps the translator may be responsible for the following curious announcement. "The brain, like a fixed star, does not radiate its own heat; it obtains the energy underlying all cerebral phenomena from the world beyond it." That Meynert is not a fixed star of this order, will not, by his readers, be questioned, unless the "world without" means only Austria and Germany. But we did not before know that the "fixed stars" do not radiate their own heat. Perhaps Dr. Sachs will not object to a little transposition in the above brilliant metaphor, and allow us to read, "the brain does not like a fixed star, radiate its own heat." If so the author and his translator may claim their proper locations either in the planetary or the cometary range.

THE PEDIGREE OF DISEASE—Six lectures by Jonathan Hutchinson, F. R. S. on Temperament, Idiosyncrasy and Diathesis. New York: Wm. Wood & Co. Toronto: Vannevar & Co.

This book has the two-fold merit of not being large and of coming from the pen of a distinguished teacher, whose name will no doubt serve as an adequate guarantee of its utility. Its dedication *to the memory of Charles Darwin* will hardly fail to commend it to the respectful attention of the general medical profession, and though the veteran practitioner of the healing art may not find in it much that will be new to him, he will be pleased to find some familiar facts presented under a clear and attractive form, and not the less interesting because of his long acquaintance with them. In his observations on *idiosyncrasy*, though the author does not lapse into that hygienic phrenzy which the inspiring subjects of eggs, tea, tobacco, stale fish and alcohol might reasonably have aroused, yet he has perhaps indulged in less twaddle than is usually inflicted on admiring audiences. It is certainly a matter of no trivial regret that so eminent and so experienced a writer has disposed of such important, and sometimes formidable, substances as chloroform, the iodides and bromides, arsenic and some others, with inexpedient brevity. As, however, he was addressing the president and members of the Royal College of Surgeons, he may have been restrained by tender considerations, from enlarging on topics involving delicate affinities. The confession of other people's sins, in mistake for our own, is the cheapest and meanest of human virtues.

J. C. Draper, M.D., LL.D., Professor of Chemistry in the Medical Department of the University of New York, died on the 20th of December in the 51st year of his age.

Births, Marriages and Deaths.

On the 20th December, James Jagu Hillary, M.D., of Jamaica, W.I., formerly of Uxbridge, Ont., aged 48 years.

On the 14th ult., R. Ramsay, M.D. of Orillia, aged 44 years.

On the 17th inst., John E. Galbraith, M.D., of Bowmanville, aged 34 years.

On the 23rd ult., J. W. Byam, M.D., of Campbellford, Ont., aged 38 years.

On the 27th ult., C. Leggo, M.D. of Ottawa, aged 69 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, MARCH., 1886. No. 7.

Original Communications.

REPORT OF AN OUTBREAK OF DIPHTHERIA IN THE PARISH OF "PAIN COURT."*

BY GEORGE T. MCKEOUGH, M. B., M. R. C. S. E., CHATHAM, ONTARIO.

The parish of Pain Court, which is inhabited by about 250 families—exclusively French Canadians—adjoins the Dover Plains in the County of Kent, notorious for their malaria and ague. The land is low and flat, the soil a rich clay, and the district an agricultural one. The great majority of the people reside along the banks of a winding creek which runs from one end to the other, and is the principal source of drainage for the parish. In the spring months this creek is a flowing stream, and carries off the refuse material of the entire locality, the larger part of the remainder of the year it is either dry or contains stagnant pools of water. The sanitary environments of the various habitations are perhaps superior to those found in country districts generally, from a natural cleanliness of habit of the people. There is however, no system of drainage whatever. About the centre of the community is a church, school house, saw mill etc., the usual conglomeration of a small country village. Malarious affections are exceedingly common; typhoid fever as yet exceptionally rare; scarlatina and diphtheria have occurred sporadically, but there had been no cases of either for a year or more until the late olent outbreak of diphtheria of which the follow-g is a brief report:

The first cases which occurred were two children f J. B.'s aged respectively 5 and 11 years. They oth presented symptoms of the disease the same day, Sept. 16th, and within a few hours of one another. During the following week four more childred aged 6, 8, 9 and 14 years, of the same family contracted the disease. They all recovered save one—the youngest, aged 5 years, who died Oct. 3rd, being ill 18 days. The cause of death was asthenia. Several members of this family had diphtheria about two years before, when one died; and a year previous to this many of them had scarlatina. This man's house is situated at the very outskirts of the parish of Pain Court, and is surrounded mainly by English speaking people. The house is an old frame building, located upon a slight rise of ground. The barn yard is distant at least one hundred yards up stream from his house. There was nothing special about the premises to indicate any source of generated specific poison except the aforesaid creek, which runs through the corner of his lot, not twenty yards from his house, and which drains his barn-yard. The bed of the creek just here is deeper than ordinary—in consequence, there has been a stagnant pool of water all summer, which imparted characteristic odors to the neighborhood especially at night.

2. The next family afflicted was almost at the other extreme end of the parish, about five miles distant. A boy of P. L.'s, aged 6, was seen by Dr. Holmes, Oct. 9th, and laryngo-tracheal diphtheria diagnosed. This child had been unwell for two months previous, was anæmic, slightly jaundiced, and had frequent attacks of epistaxis. For two weeks prior to the onset of the croup the child had a very sore throat, for which he was kept within doors. Inspection of the throat on several occasions by the parents revealed redness and some swelling of the fauces, but no white patches. During the afternoon of Oct. 7th his throat affection having improved he was permitted out for an hour or more; the greater part of the time he played about the barn-yard or creek. The child made no complaints on going to bed, but his father on awaking the following morning heard him breathing "croupy." The child died Oct. 10th. A brother and sister of the above aged 10 and 12 contracted diphtheria, the former Oct. 29th, the latter Nov. 3rd. Both recovered. The creek passes directly in front of this residence, not thirty yards away. Its bed is here also deeper than usual in its course, and the rainfall

*Read at the Chatham Med. and Surg. Society, January h, 1886.

during the recent months being heavy, water has remained here for some time past stagnating. There are several large elm trees intervening between the house and creek, which have a tendency towards keeping the house damp, notwithstanding an elevated foundation. The barn yard is quite thirty yards above the house located close to the creek. The direct surroundings of the house from a sanitary point of view were good. All the members of the family have frequent attacks of malarious fevers. Mr. L. recently had a most violent and obstinate attack of diarrhœa. Some time ago, a young lady residing here had a severe attack of hæmatemesis. The most careful inquiry failed to elicit any evidence of communication between these two families. There had been no cases of diphtheria in the parish or in the township for a year or more. As a people the inhabitants of the parish live almost exclusively to themselves having very little communication with the outside world.

The French people are particularly sympathetic, and during illness or death, they throng the afflicted house, condoling and lamenting with the bereaved ones. The case of Mr. L.'s proved no exception, notwithstanding repeated warnings. During the illness and after the death of his child the neighbors were assiduous in their attendance at the sick room. The result was most disastrous; within the next few weeks the following cases occurred all within an area of half a mile, which I will hereafter term the "infected area" as a means of designating it.

3. M. B.'s child aged 2 years, exhibited symptoms of croup Oct. 21st. The child had been feverish and unwell for a few days previous. Died Oct. 24th. Four other children aged 3, 5, 7 and 9 years in the same house had sore throats with white patches, fever and some glandular enlargements in the neck. They all recovered.

4. F. P.'s children aged 2 and 5, one died Oct. 24th, and the other Oct. 30th from croup. They were each ill about 7 days, becoming "croupy" a few days before death ensued.

5. L. B.'s child, aged 11 months, sickened Oct. 24th and died Oct. 31st from croup. Four other children of the same family aged 2, 4, 6 and 8 had sore throats, two were quite ill, but all recovered.

6. T. B. lost two children—one aged 3 years died Nov. 7th, was ill for two weeks with a sore throat, foul breath and fever. The child was apparently almost well when it became "croupy" and died two days subsequently. The second aged 13 months, died Nov. 14th—was ill 4 days. Breathing was stridulent from the beginning of its sickness. Two other children of the same family aged 5 and 7 were quite ill with fever and sore throat, and coughed up "large pieces of black and white matter," but both recovered.

7. E. C. lost a child aged 4, which sickened Oct. 18th and died Oct. 21st of laryngeal diphtheria.

8. H. D.'s child aged 1 year was taken ill Oct. 20th, was seen by me the same day. Fauces were covered with a thin coating of greyish membrane. Temperature 102° F.; pulse 140—recovered.

9. M. C.'s child aged 2, sickened Nov. 6th and died Nov. 8th of croup. Two other children of the same family aged 3 and 5 were also ill about the same time with fever and sore throat, but both recovered.

10. M. B. had three children sicken the first week in November with fever and sore throat. White patches were distinctly seen in their throats by their parents.

11. N. B.'s child aged 20 months, taken ill Nov. 10th with fever and sore throat, developed symptoms of croup on the 15th and died on the 17th.

All these cases occurred in the infected area. Communication between all these different families was constant.

12. C. B. aged 21, mother of the last child (No. 11) was taken ill Nov. 17th. I saw her Nov. 27th, pulse 140 R. 30, temp. 102.5°. Fauces covered with a thin greyish membrane—recovered.

During the first part of her illness this patient was removed from the 'infected area' to the house of a friend 4 miles distant in the adjoining parish with the following result:

13. J. R.'s only child aged 2 years and 8 months contracted diphtheria two days after the last patient was brought to his house. The child died suddenly while sitting at a table eating Nov. 29th.

14. C. D.'s child aged 4 years sickened Nov. 30th and died Dec. 10th of croup. This man is the father of Mrs. C. B. (case No. 12), and throughout her illness was going to and from his own house, eight miles distant situated on the river Thames, a new house with every facility for good drainage and very good sanitary surround-

ings. No other cases occurred in his own family or in that of his neighbors.

15. J. O.'s children, four in number, aged 4½, 7, 9 and 11 were all taken ill the latter part of November—the youngest died of laryngeal diphtheria, the others recovered. This man lives about a mile from the 'infected area,' but in the same parish. The first child that contracted the disease in this family was present during the illness of a child (case No. 3) in the infected area. The neighborhood here is very sparsely settled and no other cases occurred near by.

16. J. B. lives several miles from Pain Court in the parish of Big Point; attended the funeral of P. L.'s (case No. 2) child. Shortly after, three of his children aged ?, 5 and 7 were attacked with diphtheria, the youngest died Nov. 2nd of croup, the others recovered.

The three following cases occurred in the village in the centre of the community. I could obtain no evidence of direct or indirect contact with the 'infected area' or other source of contagion. It is however very probable that some member of the families attacked were present at some of the funerals of the infected bodies.

17. J. B.'s child aged 18 months—sickened Oct. 17 and died Oct. 24th of croup.

18. J. L.'s child aged 20 months sickened Nov. 4th and died Nov. 14th of croup.

19. J. B.'s child aged 3 years sickened Dec. 13th and died Dec. 15th of the same.

Commentary.—*Origin of the outbreak.*

There are yet many obscure and moot points to be elucidated before the etiological problem of *diphtheria* is finally solved. Of late years the opinion has been, I believe justly growing, that there is some intimate relation between damp and other insanitary factors, and the virus of this disease, yet only recently an English authority Dr. Meymouth Tidy, in a report upon an epidemic of *diphtheria* stated that "it is a doubtful question whether *diphtheria* ever arises from such a cause as defective drainage." Is there any reason to suppose that this outbreak accords with the theory of a special development of infection. The fact that certain isolated cases have occurred in the district at various times points either to the existence of some unhygienic influence capable under certain conditions of generating the specific contagium of *diphth ria*, or to a quiescent state of the poison introduced at some past epoch and having its vitality renewed on certain occasions from causes yet unknown. In the first family in which the disease occurred, that of J. B., there are two possible factors in the causation.

1st. The presence of the stagnant creek, with its decomposing vegetable matters, etc.

2nd. The fact that two years previously *diphtheria* ravaged this family, there being no subsequent disinfection of the premises; the poison remaining dormant from then until the present, and now again becoming active. Morrell McKenzie mentions a case in which the poison remained latent for three years and then produced its characteristic effects. The strictest inquiry could not elicit the remotest evidence of any source of contagion.

As regards the second family in which the disease appeared, that of P. L. which occurred a week after the death of J. B.'s child, there were also several factors, each one of which may possibly have been the exciting cause of the disease. No communication of any kind took place between these two families. Diphtheria had never before invaded this house or the immediate neighborhood, and the house was a comparatively new one with a good foundation. There was however, as in the first case the presence of the sluggish polluted pool of water, besides here were the large elm trees, already referred to, which were a constant source of dampness, especially during the past summer, as the rainfall has been comparatively heavy. The previous health of the child may have been an element in the development of the attack. Many authorities believe in the progressive nature of *diphtheria* under certain conditions from a simple catarrh of the throat.

"Drs. Wood and Formand considered that the inflammatory process of an acute pharyngitis may be a sufficient stimulus to develop the common micrococcus of the mouth into a state in which it becomes capable of producing all the characteristic phenomena of *diphtheria*." Again, it is just possible that the germs of the disease of the cases which occurred two years ago may have been carried down the creek and lodged in the stagnant pool remaining there inactive until the present, when their potency has been revived.

Diffusion of the disease.—Whatever may have been the immediate origin of the outbreak, it is

unquestionable that its dissemination was owing to its contagious nature, contact with, or close proximity to one affected with the disease was the principal mode of communication. There were instances, however, in which the poison was conveyed several miles to children by a parent not ill with the disease.

It might be asked why the disease should spread with such terrible virulency from case No. 11 in the series; whilst in the first family the infection apparently exhausted itself at its starting point. It will be remembered that the first premises attacked are situated on the very verge of the parish and the surrounding neighbors, mainly English speaking people, were thoroughly imbued with ideas of the infectious nature of *diphtheria*, which ideas were imparted to their more immediate French neighbors, and as a consequence when it became known that diphtheria was in their midst the infected house was shunned. On the other hand the population in the "infected area" were entirely French, and notwithstanding repeated warnings and palpable evidence would not believe that the disease was contagious.

Relationship between diphtheria and the so-called true croup.—The evidence obtained from this epidemic leaves little room to doubt from a clinical view of the facts that the fellowship between diphtheria and what was long known as membranous or true croup is an indissoluble one. If a child is ill with a disease characterized by a membrane situated in the larynx and trachea and another child comes in contact with the sick child and almost immediately contracts a disease characterized by a membrane situated on the tonsils, soft palate etc, or *vice versa*, the membrane in each case being almost identical in its macroscopical and microscopical characters, and these phenomena occur and recur in the same epidemic, the conclusion is inevitable.

Other Features of the Epidemic.—The most marked characteristic of the outbreak was the pronounced preference the local phenomena of the disease had for the larynx and trachea. Out of 47 cases there were 16 deaths from "croup." In other respects the type of the disease was not malignant, but it illustrated in a striking manner that the mildest case may assume that form of the disease in which medical skill is almost useless. The character of the membrane was thin, pearly grey in color; there was but little hyperæmia or œdema of the throat, scarcely any glandular enlargements, and septic symptoms were but little marked. An analysis of the deaths in reference to age bears out previous statistics. Between the ages of 1 and 5 years, 22 had the disease and 17 died; between 5 and 10 years, 21 had the disease and but one died; between 10 and 15 years, three had the disease and all recovered; one adult only was attacked and recovered. Another peculiarity of the outbreak was the deplorable fact that only 7 of the 47 cases received medical assistance. Two were seen by physicians after croup was fully developed, jaborandi was given in one *per ora*, and its alkaloid hypodermically in the other, the characteristic effects of the drug were obtained, but both children died. The adult case was seen on the 10th day of the disease in a critical condition, temperature 100.5°, pulse 140, resp. 30; membrane visible in the throat. Boro-glyceride applied locally. Milk, whiskey and tr. ferri mur. were administered liberally, and the patient recovered. Another case, a child aged 11 was seen a few hours after feverish symptoms were first observed, the characteristic exudation was present in the throat. Tr. ferri mur. was given in 1 m. doses every half hour for a time, afterwards every hour; quinine was also administered, and the child was well in a few days. Several children died from croup within a stone's throw of this house during this child's illness. Had the treatment the effect of limiting the membrane to the pharynx? The other three cases which received treatment presented no unusual features.

SUPRAPUBIC URINATION.*

BY J. P. RUTHERFORD, M.D., CHATHAM, ONT.

Suprapubic urination, the subject which I propose summarily to deal with in the present paper, may arise from three distinct causes. 1st. Congenital deficiency of the anterior wall of the bladder, exstrophy. 2nd. From an opening caused from malignant disease, or traumatic injury. 3rd. Superinduced by the hand of the surgeon in the operation of tapping. To the last of these my thoughts will be mainly directed, not so much to

* Read before the Canadian Medical Association, Chatham, September 2, 1885.

show any original plan, as to compare different methods, for the purpose of bringing out a full discussion of the question.

The necessity for any such operation—I mean "bladder tapping"—in any region, simply hinges on two fundamental conditions. 1st. Complete retention. 2nd. The exhaustion of all simpler expedients for the relief of this condition. And here is where the wedge of controversy enters. Although its necessity is admitted by all surgeons in some extreme cases, eminent men differ as to the place of tapping, and just when it shall replace other methods of relieving an over-distended bladder. Dr. Coulson extends the above rule for guidance by advising the operation of anterior tapping in all cases of "engorgement" produced by enlargement of the prostate gland, necessitating the frequent and difficult introduction of the catheter to remove residual urine, thus giving the irritable bladder and prostate perfect quietude.

The main causes of complete retention are, spasmodic and organic stricture of the urethra, occlusion of the same by impacted calculus, traumatic injury, enlarged prostate gland, or malignant disease. The two latter supply nearly all the cases demanding the operation in question. To relieve a patient in such distress, after thoroughly manipulating with catheters of different sizes and kinds, combined with such adjuncts as opium, chloroform, hot baths, etc., the honest and anxious surgeon, in the face of failure, will ask the question, "What next?" In answer, if we can introduce a filiform bougie, perform Symes' operation called "external division"; if not, we have "external urethrotomy" at our command, called perineal section by some, cutting without a guide.

Again, we have forcing the stricture with a silver catheter, now obsolete; and many other methods only deserving a passing notice, such as cutting out the stricture, Dupuytren's vital dilatation, Wakley's sliding tubes, Arnold's fluid pressure, internal use of caustics, electrolysis, etc. Then, again, we can tap the urethra directly behind the stricture, if sacculated or distended with urine—this method was strongly advocated by Profs. Liston and Guthrie—a difficult operation, save in the condition of urethra as above, and one at present very seldom resorted to. Any successful operation on the urethral tract, when at all practicable, is the best, as the result is more likely to be permanent; and to save time, it is sometimes advisable to give temporary relief to the patient by immediate aspiration. All the foregoing methods of relief having failed or proved unsuitable to the case, and we wish to establish a new outlet for some days—nay, it may be some months, or even years—what shall and must be done? Tap the bladder, and do it anteriorly above the pubis. I advocate this outlet as being on the list next to the natural way. Four different methods have been advocated, differing, not so much from their methods of performance as their points of entrance. Two of these have fallen into disuse—the one called "subpubic," first and last performed by Voillemier; the other, called "pubic," first performed by Dr. Brander, of Jersey, in 1825. These methods I will not attempt to describe. The most favored positions to-day, are, through the rectum, hereafter called the "posterior method," and suprapubic, called "anterior method." The posterior is also called the English method, and was advocated and practised by Mr. Cock, of Guy's Hospital. The anterior or Irish method, strongly upheld by Fleming, was first performed by Dr. Wiery in 1701 and pronounced the best by Sir H. Thompson, Keys, and many other eminent surgeons, in all cases where a permanent opening is required for any length of time.

Operation.—An assistant, long-curved trocar and canula, soft catheter, some tape, adhesive plaster, and chloroform are required. The catheter should be No. 6, and exactly fit the canula, in order to allow of the escape of any mucus, mucopus, blood or epithelial debris present. After administering an anæsthetic remove the hair from the mons veneris, place the patient in a semi-reclining position, enter the trocar and canula through the integument one inch above the pubis, in the median line, directing its course slightly downwards. During the operation the bladder is supported antero-laterally by the assistant. The tissues down to the bladder should be pierced by the trocar and not incised. This method was first adopted by Mercier, and is, I think, a most excellent modification of the former plan, as it fortifies very much against extravasation of urine, the canula being better, more firmly and securely held *in situ* by the muscular contraction of the bladder wall at the one end, and of the skin at the other. The trocar must be very sharp-pointed; if not, the

bladder may be separated from its areolar bed before piercing. This accident would invite trouble by way of abscess from extravasation of urine. It must be replaced by the soft catheter before the bladder is emptied. The objects of the soft catheter are four-fold:

1st. To save coats of the bladder from rough edge of canula.

2nd. To allow more fully of washing out of the same.

3rd. By attaching a rubber tube, to conduct the urine to a suitable receiver.

4th. By keeping it introduced well into the cavity, it prevents the urine from escaping around the canula, and holds the latter better in position. If faintness supervene, discontinue the flow of urine and administer a stimulant. Ether hypodermically answers admirably.

CASE I.—J. S.—One of malignant disease, involving prostate and neck of bladder, necessitating for some time the use of the catheter, finally ending in complete occlusion of the urethra, and baffling relief from the latter. Retention, extravasation and certain death on the one hand, or tapping the bladder, on the other, stared the patient and friends in the face. After consulting with patient and friends, an operation (the only hope of prolonging life) was decided on, and finding no possibility of entering per rectum from the extension of the disease in that direction, the anterior method was chosen. The operation was performed as herein detailed, and his lease of life was extended fully two weeks. At his death, urine passed freely through the new urethral outlet, and although it is customary, after consolidation of the tissues about the canula (say four or five days), to remove both canula and catheter, in this case, from extreme debility of the patient and atony of the bladder, the catheter was left in.

CASE II.—W. C.—Was one operated on for false passage made by patient himself in attempting to procure relief and save a fee. The catheter when in this passage, could be felt some two inches up between bladder and rectum, and could not be directed in any more favorable locality for getting urine, and relieving patient. Different sizes were tried, but profuse hæmorrhage opposed a prolonged persistence in these manipulations. The only choice here lay between repeated aspirations, perineal section, and tapping. This was given in favor of tapping and the anterior operation. My reasons for such a course were—1st. I feared the urine would trickle around the canula, and enter the torn region between bladder and rectum, and there set up abscess and possibly worse symptoms. 2nd. Aspiration must have been performed if I had chosen "perineal section," as it occurred just after dark. 3rd. Having thus to enter the bladder with a needle, and not being over-sanguine of getting the urethral opening from the perineum, it was considered better to use a large trocar and canula at once. To illustrate the impunity with which the bladder may be tapped, even with a large instrument, I might cite the case of Dr. Dox, in which the bladder was punctured anteriorly some eight times in succession in as many days, to relieve a case of retention, after which the patient re-acquired the power of making water per *vias naturales*. The above case you will find recorded in the New York *Medical Record* for June, 1872, by Dr. Clark, of Geneva. The operation was performed and a perfect fistula established without any bad symptoms intervening. On the fifteenth day after the operation, a catheter was with difficulty passed into the bladder and tied in. It was taken out and re-introduced twice in four days. The artificial opening completely closed up, and nothing remains to-day but a cicatrix in the hypogastric region. The patient is quite well, and has been making water by the good old way ever since.

CASE III.—This case was one of enlarged prostate gland, coupled with vesical catarrh. The occlusion of the prostatic urethra was complete, as can be testified to by my able *confrère* Dr. Bray, who very kindly assisted me in trying to overcome our patient's wants by catheterization, etc. Failing in our efforts to relieve, we operated April 3rd, 1879, and he lived over four and a-half years, until the fall of 1883, making water during this time more naturally by the new channel than he had for years by the old, as he could retain his water better, and for three or four hours at a time, and even went about and attended to his ordinary duties. The only difficulties experienced by him were excoriation of the integument around the new orifice from contact of urine and branch fistulous tracts running from main channels. The former was always readily relieved by a closer attention to cleanliness, combined with the use of oakum and carbolized sponges over the excoriated

parts; the latter by introducing and keeping in a catheter for a short time, which could be done the very day he died, showing that the urethra was almost perfect, and that he passed over to the majority in the end from general decay and old age (having turned seventy-eight years), and not from any difficulty in urinating. Not one drop of urine, mucus, pus or blood ever escaped from the passage, and all attempts to catheterize the same proved futile. This only goes to prove the perfect occlusion of the urethra. I give a summary of reasons why the anterior operation seems to me preferable to the posterior: 1st. According to some of the very best authorities—Sir H. Thompson, Keys, Coulson, etc.—the posterior method should only be used when wanted for a short time. Hence I claim aspiration should be performed instead; and when an opening for any length of time is required, tap, and do it anteriorly.

2nd. As we do not always know how long we may want this substitutionary process, and as the dangers are about equal (or if anything in favor of the anterior method), perform that which you can use long or short, and close at will.

3rd. More easily performed; region more accessible to the surgeon.

4th. The most common cause, enlarged prostate, excludes the posterior.

5th. Dangers greater in posterior; if seminal vesicle should be wounded, epididymitis and abscess may be the result; as to wounding peritoneum, about equally divided; *nil*, with ordinary precautions, in either case; extravasation of urine, abscess and blood-poisoning less in anterior if the soft catheter be used and no incision made.

6th. The function of the rectum is not interfered with.

7th. The retaining power of the bladder is present in the one case and not in the other, as was forcibly illustrated in Case III. The patient could hold his water for three or four hours, much longer than before the operation, and by getting up, completely empty the bladder by making the o ening the most dependent point.

CHEYNE-STOKES RESPIRATION—A NEW THEORY.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

This curious condition, having been briefly dis- sed in the editorial columns of the last LANCET (bruary, 1886), I would be glad, with permission of the editor, to add the following contribution towards the elucidation of this difficult problem.

All the theories put forward on this subject are based on the assumption that impure venous blood, loaded with carbonic acid and deficient in oxygen, acts as a stimulus to the nervous centres. I am aware that this view of the case—the stimulating character of impure blood—was suggested by a high physiological authority, I believe by Dr. Brown-Sequard himself. But it must be remembered that this has merely been put forward as a possible explanation of certain phenomena not otherwise accounted for, and that it rests upon no actual facts of inductive science.

Is it not absurd, on the face of it, to attribute to bad blood, deficient in oxygen, the power of *stimulating* the nerve centres, in the face of the admitted physiological law, that the activity of those centres is directly dependent upon their receiving a due supply of oxygenated blood? Is it not an outrage on physiological propriety to speak of utilizing "blood loaded with impurities with which to stir up the sluggish nerve centre"? Surely there is something wrong about a theory, or an explanation, which not only common sense would seem to negative, but which is directly antagonistic to established physiological facts.

In the explanation of this curious state, which I here venture to offer, venous blood, loaded with carbonic acid and deficient in oxygen, is held to play its legitimate part of a depressant and paralyzer to nerve function. In order that this shall appear, certain other modifications of current physiological teaching must be made. Nevertheless, in doing this, I shall ask the reader to follow me only so far as I am able to adduce for these modifications the very highest physiological authority.

Why was impure venous blood assumed to be a stimulus to nerve function? Because it was found that "a deficient supply of oxygen in the blood produces a contraction of the arterioles of the body," and this arterial contraction was held, and is still held, to be due to a *stimulus* from the associated nerves,—the vaso-motor nerves, of the arteries. This stimulus, it was taken for granted, came from the venous blood.

Is this doctrine true,—that arterial contraction is due to nervous stimulation? I will ask the reader to satisfy himself of the correctness of the proof to the contrary, to which I am about to refer

him in the briefest terms. The arterial muscle belongs to the non-striated or involuntary class of muscles; and there is ample physiological evidence that *this class of muscle contracts, not when stimulated by its motor nerves, but when these nerves are cut, or paralyzed, or dead.*

Here are the facts, which also show that the arterial muscle is not alone, or exceptional, in the *rôle* just attributed to it.

The muscles which close the glottis and those which open the glottis are both under the motor control of the inferior laryngeal nerve. When this nerve is cut, or paralyzed, as by pressure of a tumor, etc., the glottis closes spasmodically, *both sets of muscles contracting*, and the closure takes place, as Dr. Burdon Sanderson says, "not because the dilating muscles do not act," "but because they are overpowered" by their antagonists. (Handbook for Phys., Laborat. Amer. ed., pp. 308, 317, 319; Dr. Austin Flint, Prac. Med., 5th ed., pp. 294, 309, 371; Guttman, Phy. Diag, p. 40). Spasm of the glottis is therefore due, not to nerve stimulation or "irritation," but to nerve paralysis.

The horse breathes exclusively through his nose, and this cavity is closed by the *contraction* of its constrictor muscles when the facial nerve is divided. As a consequence the horse dies from asphyxia. (Strangeway's Vet. Surg., p. 209).

All our text books assert that section of the vagi produces paralysis of the œsophagus. This is manifestly an erroneous conclusion. If it were true, the œsophagus would be reduced to a mere flaccid tube. Instead of this, Dr. Dalton states that the food and drink swallowed, "in a few minutes are suddenly rejected by a peculiar kind of regurgitation." (Phys., p. 473). Dr. Burdon Sanderson has it among the effects of the section referred to, that "the muscular fibres of the stomach are paralyzed, so that regurgitation of food from the stomach is apt to take place. (Handbook, etc., p. 318). This behaviour of the gastric muscle, and of the œsophageal muscle is a proof, not of paralysis, but of more or less active contraction. If the candid reader agrees with me in this, as I think he must, I will ask him to ponder a moment, on the singular mistake which has been made in interpreting the results of this experiment. Could it be possible that a physiologist could claim for an experiment a result in accordance with the theory uppermost in his mind, in opposition to the visual facts before him, and that others would go on blindly echoing his dictum? Something like this may appear again, as we proceed.

If the reader choose to follow up the enquiry, he will find that the bronchial, intestinal, and other involuntary muscles follow the same law.

Among other effects of section of the cervical sympathetic, as recorded by Dr. Brown-Sequard, are: contraction of the erectile muscles of the ears, contraction of the iris,—of the eyelids,—of "almost all the muscles of the eye,"—of "the muscles of the angle of the mouth," and of others. Among all these evidences of muscular *contraction*, can it be possible that the effect of this section on the *arterial muscle* was one of dilatation? It has been so assumed, and is so stated. But not by Dr. Brown-Sequard. In his "Lectures on the Central Nervous System," in which the effects of this section are detailed at great length, *Dr. Brown-Sequard nowhere speaks of the arteries as relaxed or dilated.* With him, it is always "the blood-vessels" which are "paralyzed," and "the blood-vessels" which are "dilated." He says, "the hanging down of an animal by holding it up by the hind legs in producing a congestion of the head, produces very nearly all the effects of this section." (pp. 140-143). All this, and other facts which might be urged, did space permit, is quite consistent with a condition of mere venous fullness, resulting from arterial contraction.

That this is, of necessity, the actual condition present, is not a mere conjecture, but admits of positive physiological proof, if the law of uniformity of cause and effect counts for anything in physiology.

Dr. Burdon Sanderson shews that the splanchnics are the great vaso-motor nerves of the abdominal viscera, and he states that after their section, "the vessels of all the abdominal viscera are seen to be dilated." What "vessels" are these? The reader has been told by this eminent physiologist that after section of vaso-motor nerves the corresponding arteries are "paralyzed" and "dilated," and he naturally expects to find this shewn to be the case after section of the splanchnics. Dr. Burdon Sanderson does not here once allude to the state of the arteries! What he finds is that "the portal system is full of blood." "A quantity of blood, is, so to speak, transferred into the portal

system, and thereby as completely discharged from the systemic circulation as if a great internal hemorrhage had taken place." (Handbook p. 260). In other words, the arteries are empty and the veins are full. Just think of it! On the theory of the text books, the arterioles here *ought* to be "paralyzed and dilated." They are empty and contracted.

Let me remind the reader that the law of uniformity of cause and effect, demands that what is true of the relative state of the arteries and veins, after section of the splanchincs must be true also, after section of the cervical sympathetic, and since the arteries are thus shown on high physiological authority to be empty, and the veins full in the former case, the same condition must be held to prevail also in the latter.

The arterioles are always empty and their muscles contracted when their nerves are cut or paralyzed, and such is also invariably their condition *in death*, when nerve force is extinct.

This is true even after the operation of "pithing," in which the medulla and spinal cord are destroyed, as anyone can satisfy himself, as I have done, by actual experiment. This is inadvertently proved to be the case by Dr. Burdon Sanderson, in his experiment designed to prove the contrary, as the reader will see by carefully studying the details he gives, in which it is shown, that of two frogs experimented on, the heart in both being exposed and the ventricle cut open, the one whose nerve centres were uninjured bled most from the aorta. "In the frog deprived of its central nervous system only a few drops of blood escape, —the quantity that is to say previously contained in the heart, and in the beginning of the arterial system. In the other, the bleeding is not only more abundant but continues for several minutes after the section." (Handbook, etc. 296).

The reader who candidly studies this experiment, as given in the Handbook, pp. 246, 296, cannot fail to see that it is the arteries of the u pithed frog which contain most blood, and that it is the arteries of the pithed frog which are e pty, and that here "the whole mass of blood h come to rest out of reach of the influence of t heart," (p. 246)—that is the nervous system; a effect brought about by contraction of the a erial muscles, which "in dying drive their c tents into the veins." (Kuss. Phys. p. 181).

This is their condition in asphyxia also, in which case the great veins if cut into will spirt like arteries (Handbook p. 332), and this is what occurs as part of the phenomena of the Cheyne-Stokes respiration, to which we now come after this long but unavoidable prelude.

Let the reader bear in mind that bad blood, arterial contraction, and venous engorgement go together, and that so far from this being a state of nervous "stimulation," it is precisely what occurs in the dying, and finds its completion in death!

A NEW THEORY SUGGESTED.

The salient points of the Cheyne-Stokes respiration are, "alternating periods of arrest and of excitement of respiration." The periods of suspension of respiration "usually last from a quarter of a minute to half a minute, while the periods of rise and fall of respiration are about the same or rather longer duration." "In the former period, the thorax is absolutely motionless and the patient appears almost as if dead. Then a faint wave of inspiration is noticed, followed by other respiratory efforts shallow and slow. The succeeding respirations become gradually deeper and quicker, until the chest is agitated with severe dyspnœa; then, arrived at its maximum the paroxysm abates, the retrocession being as gradual as the onset, and at the end there is a period during which the breathing is in complete arrest." That at this stage "the arteries are strongly contracted," is proved not only by the increased tension of these tubes, but by the arrest of the process at the outset by the inhalation of nitrite of amyl, which dilates these vessels. (Sanson Phys. Diag. Dis. of Heart pp. 35-37).

Let us assume with Dr. Sanson and others, that there is here a condition of partial paralysis of the respiratory centre; that the blood is imperfectly arterialized, is loaded with carbonic acid and deficient in oxygen. Such a condition of things will naturally produce, not stimulation, but failure of function in the nervous centres. We have seen above, that nerve failure means con traction of the arterioles, systemic emptiness and venous engorgement. This condition gradually takes place, the great mass of the blood being transferred to the venous reservoirs "out of reach of the influence of the heart," as in Dr. B. Sanderson's pithed frog.

But as the heart continues to beat, it is fair to assume that a small quantity of blood still finds.

its way through the lungs, and from its very scantiness, is capable of being ærated by means of the exchanges of gases still going on in the lungs, owing to the presence of residual air, during the temporary, partial or complete arrest of respiration. (Kuss). As a consequence, the quantity of blood reaching the nerve centres, though small, is at least partly oxygenated, and serves to revive the function of these centres, " imperfectly at first," but with momentary improvement.

The effect of this revival, on the vaso-motor centre, is to facilitate the dilatation of the arterioles, in which the pulmonary vessels share, permitting, ere long, the inrush of venous blood from the distended vena cava and portal system, and its transmission onwards through the heart and lungs.

This corresponds to the period of increase in respiratory function, in which the laborious efforts of a feeble mechanism have been mistaken for an " exaggerated impulse " from excited and overacting or " exploding " nerve centres.

Meanwhile, impure blood from the venous reservoirs, (finding an entrance through the now fairly dilated pulmonary vessels,) begins to fill the lungs in such quantity, (as it is drawn onwards by an inequality of pressure, towards the as yet unfilled arteries) that the whole mass of blood, failing to be arterialized with sufficient rapidity, again becomes unfit for the maintenance of nerve-function and the perpetuation of processes depending upon it.

In such a case, a previously weak organ or centre, is the first to suffer. The medulla oblongata is such an organ in this case, and its contiguous centres for respiration and circulation fail together. Bad blood and deficient blood, acting on centres previously paretic, or enfeebled, have done their work, and again the respiration is suspended. The vaso motor centre is again so functionally weakened that it loses control of the arterial muscle—the " inherent contractile force," which all physiologists assign to muscular tissue, thus freed (as in the examples enumerated above), induces " the strong arterial contraction " referred to by Dr. Sanson, which contraction of the artery is all the stronger the nearer nerve force is to cease in the extinction of life.

This arterial, or systemic contraction, again empties the lungs, and refills the venous reservoirs, from which the blood is again drawn, at first slowly and then more rapidly, as the process repeats itself.

Here then, is an explanation of the Cheyne-Stokes' respiration, based upon sound—though as yet unacknowledged—physiological principles, according to which paretic and enfeebled nerve centres are helped by their appropriate pabulum—oxygenated blood—and are overwhelmed and have their function suspended by what is naturally calculated to poison and paralyze them,—impure, venous blood, deficient in oxygen and loaded with carbonic acid. As a proof, if such be needed, that carbonic acid is a poison and nota stimulant, it may be mentioned on the authority of Periera, that the inhalation of this agent produces spasm of the glottis, and this, we have seen above, is undoubtedly due, not to nerve stimulation, but to nerve paralysis.

How such an agent could ever be regarded as playing the part of a stimulant, can only be accounted for on the exigency of an erroneous theory, which demanded its modicum of nerve force from nerve centres actually being paralyzed.

All of which is respectfully submitted to the judgment of the candid reader.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—Not with an idea of imparting anything striking or probably new even to many of your readers, but rather with the hope of having some further light thrown on the subject, I make mention of the following cases.

In this section of the country I have met with no less than five cases of peritonitis in the past month; in fact there may be said to be an endemic, as I have since learned from a brother practitioner that in their town they had met with nearly a dozen cases in the same length of time. These cases, which were nearly all fatal, presented all the ordinary symptoms of peritonitis, but the peculiarities were three-fold.

1. There was no apparent cause for the trouble, as all the patients, up to the moment of being seized with violent abdominal pains and in most cases vomiting, were apparently in the enjoyment of good health. The seizure was very acute and

in two cases the patients died within forty-eight hours.

2. In all the cases except one—a young woman of eighteen—the victims were young men between twenty-five and thirty. I think all the cases mentioned by my friend were young men.

3. Nearly all had very severe nose bleeding. In fact in one the epistaxis was the direct cause of death. The hemorrhage had lasted almost four hours before I could get to the patient. All the ordinary means for checking the bleeding being useless, I resorted to plugging the nares, anteriorly and posteriorly, but although the patient lived some three days afterwards she never seemed to rally. In this case the peritonitic symptoms abated very markedly after the severe hemorrhage. I thought this might probably be the effect of the bleeding, but if so the remedy was almost, if not quite as bad as the disease.

I have not been able to obtain any post mortems, but the medical friend above mentioned had found perforation of the cæcum in the one case in which he was able to obtain an examination of the patient after death.

The usual mode of treatment by opiates, warm fomentations, etc., seemed almost useless, excepting their effect in quieting pain. The tongue presented a red appearance, very dry and at the tip covered with small elevations resembling minute acne. I will not encroach further on your valuable space, but hoping to hear from some brother medico in regard to this matter,

I am, yours, etc.,

Essex Centre, Ont. P. A. DEWAR.

TO THE MEDICAL ELECTORS OF THE SAUGEEN AND BROCK DIVISION.

GENTLEMEN,—

The representation of this riding in the Medical Council having become vacant by the death of our late esteemed member, Dr. Douglas, I beg leave t offer myself as a candidate for the representat n of the Division.

As our Medical Council is now one of the est blished institutions of the country, it is our duty t send those to represent us who desire its cont uance and the increase of its powers. I am h rtily in accord with the majority of the prof ion in obtaining those amendments to our Medical Act, which are being applied for at the present Session of Parliament. I also desire the elevation of Professional Status, by all those means which the Act empowers us to attain. One of the most important is the entrance to the study of the profession, viz. :—Matriculation ; the degree of B. A. should be required of every student, or at least a course of three years in one of our Universities.

I shall use my best endeavours to obtain such a change in the law as will enable us to punish those practitioners who hire themselves to foreign companies for the purposes of quackery, and shall endeavour by every means in my power to further the interests of the profession at large.

I am, yours, &c., &c.,

GEORGE S. HEROD.

Guelph, Feb. 16th, 1886.

Selected Articles.

METHODS OF DIAGNOSIS.

Mr. Lawson Tait, of Birmingham, forwarded a paper to the New York State Medical Society on methods of diagnosis, from which we give the following, (*Med. News*). He maintained that the speculum and the sound, as means of diagnosis, have been productive of uniformly more harm than good. That a blennorrhagic discharge from the vagina of any patient requires the introduction of a speculum, is one of the stock beliefs of the great bulk of general practitioners, but it is certain that nothing of the kind is requisite, and a very large amount of mischief, there can be no doubt, has been produced by this belief. It is not at all an unusual thing for him, on taking part in a consultation with the family physician concerning some such case, to be told by him that he very much regretted that he had not made an examination with the speculum. Others have told him that they made the said examination, and when asked what they saw, or what they did, the answers usually given are that they did nothing, they merely made the examination ; that is to say, they passed the instrument and with that proceeding were perfectly satisfied, evidently under the belief that the passage of the speculum was quite as much a curative agent as a method of diagnosis. Similarly with the sound, he had heard many practitioners tell of their experience with the sound, or rather their want of it, and he judged that they looked upon it as a sort of magical charm, the introduction of which into the uterus was to achieve unmeasured good. As a matter of fact,

the sound is one of the most dangerous instruments which ever was invented for the treatment of human suffering, and in his own practice obtains hardly any employment at all.

There is a story which is told against himself by some of his colleagues which he never hesitates to repeat, because it is the kind of accident which is liable to occur to any one, and fortunately the only one of its kind which ever happened to him. It conveyed a lesson of which at the time he stood much in need, and from which warning may be taken with advantage. Many years ago he was asked by the surgeon of a large general hospital to give his opinion on the case of a young woman, who had been in the hospital for some months suffering from a pelvic tumor which seemed to threaten her life. She was hectic, suffering and very ill. The tumor on one side of the pelvis was apparently quite fixed, and he expressed the opinion that it was a collection of matter, but in what position he could not say unless she would allow him to make use of the uterine sound. His surgical friend told him he could do exactly what he thought proper. He had asked for his opinion as a specialist and he would not interfere with any steps he thought fit to take for the purpose of furnishing him with that opinion. Mr. Tait immediately proceeded to use the sound and came, quite erroneously, to the conclusion that the patient was suffering from a parametric abscess. The sound passed, as he thought, into an empty uterus, fixed toward the right side, the uterus being of normal length. Within twenty-four hours the patient miscarried of a fourth-month fœtus, and this ended all her sufferings. She speedly recovered and left the hospital cured in a way which nobody expected, and which certainly he did not intend. All such accidents have by no means so happy an ending as this had, and their number is immense. But few months pass without his hearing of a case in which some kind of mischief has been done in this way.

One of the most important methods of diagnosis in abdominal disease, and the first to be considered in examining any case, is inspection. A careful examination, by the eye, of the contour of an abdomen when the patient is lying on her back, with the walls of the abdomen perfectly flaccid, will reveal a good deal to the experienced practitioner. A completely and uniformly distended abdomen may mean that the patient is suffering peritonitis, intestinal obstruction, ascitic effusion, a parovarian tumor, an ovarian tumor, a large myoma of the uterus, or pregnancy. The process of discriminating between these various conditions may very rapidly be completed by one who is accustomed to deal with them. Thus peritonitis may be at once detected or eliminated by the presence or absence of the short and rapid pectoral breathing, which shows that the patient is loath to use her diaphragm. In fact, by this alone, and without almost any further inquiry, he has satisfied himself as to the nature of the case by a single glance. Ascitic effusion, or on the other hand, is revealed at once by the absence of the pectoral breathing, by the greater flattening of the distention, by its tendency to assume a pyriform shape, the broadest diameter just above the pelvis, by the thickening of the walls due to anasarcous effusion, and the presence of white lines in the skin of the flanks. If the crest of the ilium sticks out under stretched skin, the diagnosis is again almost complete without further inquiry. If, on the other hand, these subsidiary features are absent, and there be a uniform and complete distention, two conditions widely distinct may be suspected. These are parovarian cyst and hydramnios; and here, again, some very curious mistakes have come under his notice, some of which have had very ghastly results. Parovarian cysts after labor sometimes grow with astonishing rapidity. Hydramnios always occurs with twin pregnancies, and generally in unmarried women, who are of course, disposed to conceal their condition, and mere inspection cannot be depended upon to discriminate these cases.

But inspection will help us very largely to detect pregnancy and myoma, for in these cases the distention is always greatest either at the middle of the tumor or at its upper part, differing in this way completely from ascitic distention; and here one of the most important agents in the diagnosis of abdominal diseases, palpation, comes at once to our assistance, and to the skilled fingers it ought not to take more than a few seconds to discriminate between any or all of these conditions. The percussion note, which is uniform in a case of peritonitis, will easily determine the condition which is present. One or two delicate touches of the fingers of one hand whilst the fingers of the other lie with the most gentle lightness on the other side of the abdomen, will determine the presence of fluid, and it is in this method of palpation that the skill of the practitioner at once becomes visible. The inexperienced hands press firmly upon the walls and may be seen to move to and fro in an aimless fashion as though they were rocking a cradle. The gentlest and tenderest touch alone will reveal what is required. Measurements of the different diameters of the abdomen will teach in a few seconds the leading features which are present: first, that there is fluid; secondly, that it is, or is not, near the surface, being contained, or not, within a thin-walled cyst; thirdly, that there is one cavity, or not; fourthly, the probable character which it presents. The wave excited by gentle tapping is retarded or urged on by the more or less gelatinous nature of the fluid. All these conclusions are indicated with the utmost rapidity to the skilled fingers, and it is absolutely impossible

to teach how this can be, save by the constant practice of the pupil. The parovarian cyst may be diagnosticated entirely from one condition, that is, hydramnios, partly by its thin walls and partly by the fact to which he has alluded, that hydramnios is very easily detected. Ascitic fluid is revealed in the same way, and by the additional fact that here and there we get tympanitic percussion notes.

The large uterine myoma is defined by its firm sense of resistance and its uniform feel and pseudo-fluctuation, also by the fact that it has a smaller diameter at the base than at the middle or upper part. Pregnancy, the rock ahead to inexperienced practitioners, can be infallibly revealed by palpation. First of all, there is fluctuation due to the liquor amnii, and it can be easily detected, and this declares the cystic nature of the mass. If the hand be made to lie gently on the parietes for a few minutes a rhythmical contraction of the uterus, by which at one time it is hard as a cricket ball and at another soft as a cushion, will become perfectly apparent, and this is as infinitely more certain sign than the sound of the fœtal heart or placental bruit. The fœtal heart is a sound which may guide and sustain the practitioner in his conclusions, but it is so easily imitated by intestinal noises, and often so difficult to find, that it is not to be depended upon with certainty. The placental souffle is probably more easily recognized than the fœtal sounds, but placental sounds are very often, in rapidily growing tumors of the uterus, so completely imitated that there is always a certain amount of doubt connected with them. But the relaxation and contraction of the uterus in pregnancy are points in diagnosis which when once made apparent, can never be mistaken for anything else.

THE USES OF DIGITALIS.

Dr. W. Symington Brown of Stoneham, Mass., (*Louisville Med. News*), gives the following regarding the use of digitalis:

Digitalis has two marked properties: it is a heart tonic and diuretic. It seems to exercise more control over the circulatory than the nervous system. Next to the preparations of opium and cinchona, I have given it to patients more frequently than any medicine, and the result of my observations for twenty-five years is that digitalis acts slowly, too much so to conclude that it directly affects the nervous system. Another conclusion I have arrived at is, that it is not a cumulative medicine, in the ordinary sense of that term. Our own Dr. Odlin holds the same opinion. On account of its slow solubility in the blood, it may appear to accumulate when too rapidly administered. An interval of six or eight hours should be allowed between doses. In some patients it produced diarrhœa.

In medicinal doses, digitalis steadies the heart's action, lessens the number of beats, allows the coronary arteries to supply nourishment to the enfeebled organ (which is only possible during the diastole), and contracts the arterioles all over the body. In poisonous doses, it seems to tetanize the heart, at last totally arresting its movements. Experiments on the lower animals and a few post-mortem examinations in man show that the left ventricle is always empty and rigidly contracted after death caused by poisonous quantities.

The following is a list of the more important diseases in which digitalis has been given advantageously:

1. In mitral obstruction, and generally whenever effusion occurs from debility. When dropsy supervanes from heart disease, when the face is dusky, the jugular veins distended, the breathing hurried, and the pulse feeble and intermittent—small doses of digitalis, aided by position and stimulants, will often work wonders. In some cases, where the left ventricle is both dilated and hypertrophied, it may be given tentatively,

2. After rheumatic fever, when the pulse is feeble, rapid and irregular, combined with salicylate of soda. It is also useful in the later stages of typhoid fever. In moderate doses it reduces the temperature in all fevers.

3. In atonic uterine hemorrhage, and as a hemostatic after surgical operations on the uterus, it may be alternated with ergot. In giving digitalis it not unfrequently occurs that the pulse is accelerated at first for a few hours, although the final effect is to reduce the number of pulsations.

4. In delirium tremens. Very large doses have been given successfully in this affection. I recollect attending a case in Scotland, many years ago, assisted by my tutor, where we gave tincture of digitalis in half-ounce doses, after a fair and futile trial of opium, and the patient recovered. He was a regular toper, full of morbid fancies, and he would only consent to swallow the medicine on condition that I scratched his back, during which interesting process he fell asleep. I remember that Dr. Glen was in doubt whether it was the digitalis or the scratching that saved him.

5. Drs. Nelligan and Corrigan, of Dublin, strongly recommended it in epilepsy. They gave two ounces of the infusion at bedtime, continued for four nights, with an interval of two nights, then repeated as before. My experience of its use in this affection is not extensive, and not very favorable.

6. In spermatorrhœa it occasionally proves beneficial. The influence of digitalis on sexual desire, in both sexes, is decidedly sedative and anaphrodisiac. It only exerts this influence, however, after the lapse of weeks.

7. In bleeding piles. A good form for this disease is the powder made into pills with tar,

each pill containing one grain of digitalis. Four may be swallowed daily.

8. In maniacal cerebral excitement the hot infusion, sweetened, in teaspoonful doses, twice a day or oftener, sometimes answers the purpose of quieting the patient better than the bromides.

To return to digitalis. In all cases great care must be taken to watch the effect of the medicine. It is better to begin with small doses, observing the results from day to day. When we have reason to suspect fatty degeneration of the heart, it should *not* be given. In ossification of the aortic valves and in croupous pneumonia, digitalis is likely to do more harm than good. As a general rule, it is not serviceable in robust patients; and it only acts as a diuretic during the presence of dropsical fluid. The dose should be diminished as soon as the amount of urine secreted becomes less. The main benefit derived from digitalis seems to be the relief of *irregular* pulsation by imparting tone to the heart and arteries. Like opium, its first effect is stimulating, its second effect is sedative.

NOTES ON THE TREATMENT OF DIPHTHERIA BY PROF. DA COSTA.

Diphtheria may continue in an individual for a long time, relapses occurring from self-infection. Treatment must be preventive and individual. In the first place, the strictest isolation must be enforced: remove all unnecessary furniture, clothing and the like from the room; disinfect the sputa, linen and everything from the patient, and, if possible, remove the paper from the walls and wash with some disinfectant. Do not allow members of the family to come in contact with well children, for fear the former may convey the poison to the latter.

The individual treatment is both general and local. In the former, *alimentation* and *stimulation* are of the greatest importance, given, as in typhoid, every two or three hours, day and night. Alcohol is given to the point of tolerance. Begin with ℥ ss to ℥ j of brandy every hour; increase till heart and pulse are improved. The amount a patient suffering with diphtheria can take is incredible; a child, æt. 2 years, has been given a tablespoonful of brandy every hour, and ℥ j is quite common. There is present a condition comparable to that found in snake poisoning. Begin the stimulus early.

As to *medicines*, one of the earliest and best treatments is by potassium chlorate, ℥ j to ℥ ss per diem, in divided doses, well diluted. Next to this, either alone or combined with it, is tinctura ferri chloridi, gtt. x every hour or two, for a child æt. 10 years.

The rising treatment now is with calomel. It consists in giving large doses frequently, not minding the free movements from the bowels. Give one grain every hour till twelve doses have been taken, then the same amount every second hour. This has been often tried in the *laryngeal* form, in larger doses, and is of especial utility in this variety of the disease.

Corrosive sublimate, gr. $\frac{1}{10}$ to $\frac{1}{2}$ every hour, is a similar but hardly as effective treatment.

Jaborandi is a very new remedy in this trouble. The idea is that when the patient sweats well the membrane will loosen. As it is very depressing, it is not safe unless the patient is quite strong.

Locally, strong caustics have been abandoned. Cleansing, disinfecting gargles are the modern treatment. Carbolic acid, with borax and soda, may be used. Thymol holds a high place, never weaker than 10 grains to the ounce.

℞ Thymol ..... ℥j.
Glycerini..... ..... f℥iij.
Aquæ..... f℥iss. M.
SIG.—Gargle. Dilute if necessary.

Permanganate of potassium, a favorite with the English, equal parts of lime water and glycerine, or two parts of the former to one of the latter, are very useful and grateful. When the patient is old enough, these are best used in the form of spray. Equal parts of Monsel's solution and glycerine may be used when the redness and swelling are very great. Do not scrape the membrane.

The most prominent among the solvents for the membrane are lime, bromine and pepsine. Of lime, it is difficult to get enough. Bromine is too irritating. The remedy that has done best is a saturated solution of pepsine in the form of spray.

Lactic acid, jaborandi and numerous other agents which have been used for this purpose, have some solvent power, but not enough.

Complications or Varieties.—For *nasal diphtheria*, in addition to the ordinary treatment, carried on, if anything, more actively, keep the posterior nares well washed out with—

℞ Sodii sulphitis..... .... .. ℥iij.
Glycerini..... f℥ij.
Aquæ..... f℥iv. M.

Pepsine may prove yet more effective. This washes away the membrane, checks decomposition of the same and prevents blood poisoning. Use with the post-nasal syringe.

In *laryngeal diphtheria*, besides the ordinary treatment, the best results have been obtained by having the patient breathe fumes from slaking lime. Also an occasional emetic while patient has sufficient strength, does good.

Diphtheritic paralyses, with good management, usually recover. The blood is always deteriorated and patient is anæmic. Give iron, nourishing food, red wines, strychnine, for the paralysis, best hypodermically, if patient is old enough.—*Coll. & Clin. Rec.*

A NEW PHIMOSIS FORCEPS.

The superiority of the forceps designed by Dr. Briggs of St. Louis, for the operation of circumcision, consists in the simplicity and dexterity of the operation with them; the freedom from hæmorrhage to a great extent, the exactness of the coaptation of the skin with the membrane when sutures are in, which will almost insure healing of the wound by the first intention.

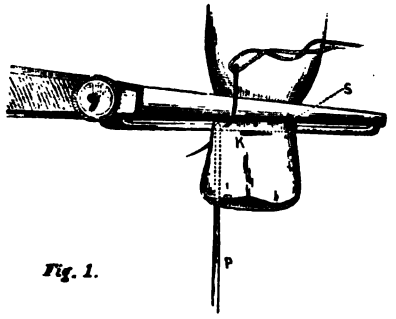


Fig. 1.

Figure 1—Represents the first step of the operation; the forceps in position showing probe within the prepuce laterally, and needle passing to inner side so as to prevent making a suture through the skin only. Any number of sutures desired may be passed, but it is only necessary to have three, which on division of the loop makes six sutures, three on each side.

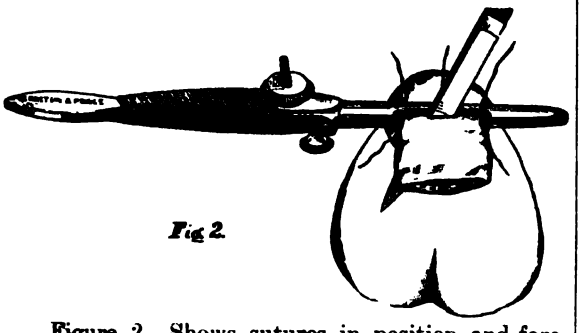


Fig 2.

Figure 2—Shows sutures in position and foreskin transfixed above the guide or extra blade.

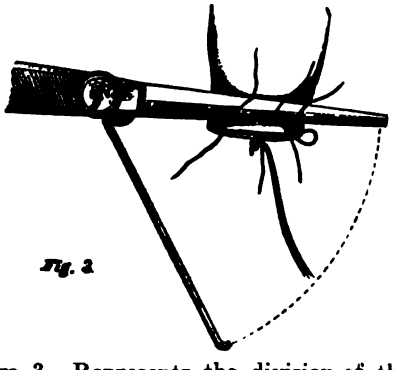


Fig. 3.

Figure 3—Represents the division of the foreskin, and hook (a probe or tenaculum may be used) drawing up the loop in the centre or between the membranes. These loops may now be divided and the sutures tied on each side. The forceps being held laterally, obviates any constriction of the membrane in the majority of cases; but should there be any, it can be remedied by dividing the membrane on the dorsum between the sutures.

THE PREVENTION OF MAMMARY ABSCESS.

Instances are not infrequently met with where the function of lactation is either not considered advisable, as in cases of syphilitic taint, marked tendency to phthisis, epilepsy, etc., or where, from the child being still born, or the nipples depressed, subject to cracks, fissures, or erosions, the function of lactation is unnecessary or unable to be persisted in. Apart from these conditions there is unquestionably a growing tendency for mothers to avoid the responsibility of suckling their offspring. Milk is secreted, and if it be not drawn off at appropriate intervals the breasts become engorged, and not unfrequently inflamed, mammary abscess resulting. From whatever cause it may be, we are often obliged to take steps to prevent such a contingency. For many years the old-fashioned methods in general vogue, if not advocated, were at least tacitly acquiesced in, such as rubbing the breasts with sweet oil, oil and extract of belladonna, glycerin and belladonna, belladonna plasters, evaporating lotions, strapping the breasts, and other like expedients.

It being believed that friction of any kind in the large majority of cases rather tended to produce than prevent mammary abscess, it was long since discarded. The application of a long strip of belladonna plaster, sixteen or eighteen inches long and six or eight inches deep, with round apertures, so as to leave the nipples free, tightly across the chest, the breasts being brought well up towards the median line, for many years was the only resource adopted, beyond careful regulation of the diet, abstention from fluids, gentle purgation, etc. This method never failed: but it was often found that the smell of the belladonna produced so much nausea in delicate patients as to preclude the employment of it.

Thinking that in all probability the pressure exerted contributed greatly to the advantages derived, Dr. Arthur W. Edis (*Brit. Med. Journ.*, November 7, 1885) was induced to rely upon a few turns of a rib-bandage, or the application of a thin towel or diaper across the chest, the breasts being brought well towards the sternum. Since adopting this method he has never known it fail. Not a single instance of mammary abscess has occurred in a long series of cases, extending over

several years. The only precaution requisite is to apply the pressure on the second day following parturition, before the breasts begin to fill, and to see that the whole of the glands are included.

It is well to elevate the shoulders somewhat more than usual, and not to allow the bed-clothes to cover the upper part of the chest, the sheet alone sufficing to prevent any risk of chill. Restriction as to the amount of fluid for the first few days and attention to the bowels are all that is requisite to insure success. Some little inconvenience — a feeling of tightness or burning pain—is often experinced; but if the pressure be maintained, no harm results, and within the course of a few days the turgescence subsides and the difficulty is at an end. In order to keep the bandage or towel from slipping down, a shoulder-strap from back to front, or merely pinning the bandage to the night dress, suffices.

Where the secretion of milk seems to be unusually abundant, a mixture of bromide and iodide of potassium may be prescribed with benefit. In only a very few instances has it been found requisite to draw off a small quantity of milk by means of a breast-pump or exhausted soda-water bottle, and this only once or twice.—*Therap. Gaz.*

THE TREATMENT OF PELVIC ABSCESS BY INCISION AND DRAINAGE.—Dr. Paul F. Mundé, of New York gives the following conclusions in a recent paper:

1. Pelvic abscess in the female is not very common in proportion to the frequency of pelvic exudations. It probably does not occur in more than ten per cent. of all cases. The majority of cases terminate in spontaneous absorption of the exudate.

2. Pelvic abscess may be extra-peritoneal, most commonly the result of pelvic cellulitis, or it may be intra-peritoneal, the result of pelvic peritonitis. The adhesions in the latter case might make the abscess practically extra-peritoneal. Abscess of the ovary and pyosalpinx did not fall into the division of pelvic abscess proper.

3. In small, deep-seated pelvic abscess, not containing more than two ounces of pus, and in multiple abscesses of the cellular tissue, a permanent cure might be affected by simply evacuating the abscess cavities with the aspirator.

4. About one-half of the abscesses open spontaneously into the vagina, rectum, or pelvic or abdominal wall. These abscesses may heal spontaneously, or they may require surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision, cleared of debris, and drained, if necessary, through a drainage-tube.

6. This incision should be made at the point where pus points most distinctly, usually in the vagina.

7. In a certain number of cases pus points in the abdominal wall usually at the iliac fossa; and here the drainage-tube would be required.

8. In some cases in which the pus burrowed deeply into the pelvic cavity it would be advantageous to make a counter opening through the vagina, and establish thorough drainage from the abdominal wall into the vagina.

9. Opening a pelvic abscess which points in the abdominal wall does not differ from this procedure in other cases, and is not attended by greater danger when adhesions have taken place.

10. Chronic pelvic abscess—abscess bursting spontaneously and discharging through the vagina, rectum, and elsewhere—might exist many months or years, and prove exceedingly difficult to cure; this is particularly the case when it opens high up in the rectum A counter-opening should be made in the vagina, for Dr. Mundé doubted the propriety of enlarging the rectal opening even if it were possible to reach it.

11. In doubtful cases, aspirate and establish the diagnosis.

12. The majority of cases of pelvic abscess will recover.

MEDICINES WHICH STIMULATE THE LIVER.—Podophyllin in small doses is a stimulant to the liver. During the increased secretion of bile, the percentage amount of special bile solids is not diminished. If the dose be too large, the secretion of bile is not increased. It is a powerful intestinal irritant.

Enonymin is a powerful hepatic stimulant. It is not nearly so powerful an irritant of the intestine as podophyllin.

Sanguinarian is a powerful hepatic stimulant. It also stimulates the intestine, but not nearly so powerful as podophyllin.

Irisin is a powerful hepatic stimulant. It also stimulates the intestine, but not so powerful as podophyllin.

Leptandrin is a hepatic stimulant of moderate power. It is a feeble intestinal stimulant.

Colocynth is a powerful hepatic, as well as intestinal stimulant. It renders the bile more watery, but increases the secretion of biliary matter.

Jalap is a powerful hepatic, as well as intestinal stimulant.

Menispermin does not stimulate the liver. It slightly irritates the intestinal glands.

Baptisin is a hepatic, and also an intestinal stimulant of considerable power.

Phytolaccin is a hepatic stimulant of considerable power. It also slightly stimulates the intestinal glands.

Hydrastin is a moderately powerful hepatic stimulant, and a feeble intestinal stimulant.

Juglandin is a moderately powerful hepatic and mild intestinal stimulant.

Chloride of ammonia is credited with chola-

gogue properties, but it is questionable; nevertheless, it certainly stimulates the intestinal glands.

Calomel is a powerful purgative, but whether it stimulates the liver is still *sub judice*.

Corrosive sublimate is a potent hepatic stimulant, but acts feebly on the intestines.

Sulphate of potash is a powerful intestinal irritant, but its action on the liver is variable and unreliable.

Taraxacum is a feeble hepatic stimulant.

Dilute nitro-muriatic acid has a moderate stimulant action on the liver.

Boldo, bromide of potassium, nitrate of potash, and hard soap, have each some stimulant action on the liver.—*Am. Med Digest.*

How to Advance Medicine.—Advance in medicine must be looked for by a better insight into the causes of disease; by a study of pathology in its very widest signification, which shall include not only morbid anatomy, but all those changes in the blood and nervous system which often constitutes the *fons et origo malis*. These causes may be found to be of a specific nature, or to exist in the ordinary surroundings of our lives. Of whatever kind they may be, a discovery of their detrimental influence will lead to the means of their removal.

Then, again, much success may be hoped for on making a more complete study of diseases when actually running their course before us, by observing which are the favorable and which the unfavorable circumstances which determine the issue of the case; and not only the surroundings should be noted, but the meaning of the symptoms should be investigated, so as to discover which to encourage and which to oppose.

When we have arrived at some knowledge acquired by these means, the action of drugs may be considered, and the conditions which suggest their employment. As I have before said, it is by no means sufficient to know the physiological action of a medicine, but rather how it will exert an influence on various pathological phenomena. To quote again the instance of digitalis, we require to know not only its action on a healthy heart and arteries, but what power it exerts on quickly acting hearts, for whose correction we now see it daily given.

In upholding these views, I am of necessity protesting against the so-called popular theory, that diseases are so many entities, whose symptoms are to be relieved by some drug; or, as I have seen it expressed in a book on the most wide-spread heresy of the day, that since it has pleased the Almighty to visit his children with various ailments, so he has provided in the herbs of the field some remedy for their cure. This is both an untruth and an absurdity; or, as a member of Parliament declared in the House of Commons, when denouncing restriction on medical practice, that all collegiate training was useless, the medical art being a gift with which some persons were naturally endowed. It need scarcely be said that he was the patron of the most flourishing quack in the country. If medicine is a branch of science, it must be studied in the same way as other sciences, by observation and experiment. There must first be a study of anatomy and physiology; then a study of disease, as seen in the living subject, and in its results on the dead; then, again, an investigation into the action of remedies of all kinds, and their suitability to the amelioration of morbid states; efficient treatment can only follow by a complete adoption of all these methods. By making it the result of a scientific procedure, we are assisting to stay the degeneracy of medicine, which is ever apt to constitute treatment the very foundation of our art, the alpha as well as omega.—Dr. Wilkes, in *Brit. Med. Journal.*

The Influence of Drugs on Milk.—In a medico-legal case MM. Brouardel and Pouchet were asked whether an infant of two months could have been poisoned fatally through its mother's milk the mother having been for some time under treatment with arsenic, and on several occasions having shown symptoms of arsenical poisoning. To settle the point M. Brouardel made a number of experments by giving Fowler's solution to nursing women, the result of which showed that arsenic can readily be found in the milk, even when taken in small doses, but that no toxic symptoms are likely to be produced in the child unless the mother be takign a toxic dose.

Fehling has lately experimented upon the subject of the elimination of drugs by the milk, and found that salicylate of soda, iodide of potash and idodoform can all be traced to the urine of the nursling, the latter drug when taken in very small quantities, and even when applied externally. Hence he advises against its use as a dressing for wounds in nursing women. He has also found corrosive sublimate in the urine of children whose nurses had the drug applied externally, but the quantity passing to the child was so small that he thinks it unnecessary to use the same precautions with corrosive sublimate as with iodoform. The narcotic substances are without effect upon the nursling. The largest doses of opium or chloral administered to the nurse do not bring about any especial symptoms in the child. Atropine was tried on animals, and no dilation of the pupil or other manifestations occur in the suckling, excepting when the maximum therapeutic dose has been exceeded. Fehling therefore comes to the conclusion that while but few drugs administered to the mother prove deleterious to the infant, a strong exception, however, should be made of those substances that are eliminated with difficulty and accumulate in the

organism. Nevertheless it is certain that many substances, when ingested, produce decided effects upon the milk. "Milk sickness," or the "trembles," occur in persons using the milk of cows which have fed on certain pasturage, and the odor of copaiba or asparagus can be detected in the child's urine when these substances have been taken by the nurse; moreover, artichokes, absinthe, and other substances will make the milk bitter.—*North-western Lancet.*

DIPHTHERIA.—With regard to the treatment of diphtheria, I know of nothing too strong to say in the reprobation I think we ought to show towards the treatment by scraping off the membrane; and that by mopping or swabbing the throat with nitrate of silver and other astringents is nearly as bad. It forces the fungus to extend to unastringed portions of the mucous membrane, and drives it downward toward the glottis, and I believe it to have been answerable for multitudes of deaths in former less enlightened days. I believe it is a plan never now adopted, unless it may be by the gentlemen who call all white patches in the throat diphtheria. It is excellent treatment for simple ulcerative tonsillitis.

Arguing from analogy, and seeing the success in vineyards of the use of sulphur for the cure of oidium, I think this is the most rational line of treatment to adopt to destroy the fungus of diphtheria. Finely powdered sulphur blown on to the membrane through a quill or glass tube causes no pain and very little distress to even very young children, and in such cases it is almost the only local treatment that can be adopted. With children a little older, sprays are very useful. Carbolic acid spray is in my experience, useless as a germicide, because the mouth and throat will not tolerate it of sufficient strength to destroy the vitality of the false membrane; but in a strength of 1 in 60, or one in 80, it is very soothing to the inflamed throat. Boracic acid spray, on the contrary, is extremely useful, for it appears to have the power of dissolving the membrane whose vitality the sulphur has destroyed, and thus a fresh layer is exposed for the next applications of sulphur to act upon. Where the diphtheritic patches are very thick, it is a good plan to syringe a concentrated solution of boracic acid over the throat in a child who is too young to use a gargle. If it is swallowed it does no harm. In older children and adults it acts to best advantage as a gargle, removing the membrane in flakes and not irritating the throat. I have not used pepsine, as I have been thoroughly satisfied with sulphur and boracic acid for local treatment; but its use is thoroughly scientific on physiological grounds. We aim, of course, first at the distruction of the local manifestation of the disease in consequence of its tendency to cause death by asphyxia; but it does not follow that because the throat becomes clean the patient is out of danger. Therefore we ought to aim at the destruction of the poison in the blood from the earliest period of seeing a case. I believe that in the sulpho-carbolates we have a group of substances that are capable, if not of destroying what already is formed there, of preventing a further developement of the disease, and so controlling its progress. In the allied diseases of scarlatina and erysipelas it displays marked powers of modifying their course, and, again arguing from analogy, I think it is a scientific proceeding to administer them. I give the soda-salt in doses of a grain for each year of the child's age every three or four hours. The temperature quickly falls, and then the sulpho-carbolate can be discontinued, to be replaced by perchloride of iron.—*Dr. Corbin in Australasian Med. Gazette.*

KEITH ON HYSTERECTOMY.—Dr. Thomas Keith. (*Edinburgh Med. Journal*, May, 1885,) while recognizing the marvellous improvements and results of the last ten years in operative interference in cases of fibroids, yet takes a thoroughly conservative view, and advises the operation of hysterectomy only in extreme cases. The removal of the ovaries and tubes, he says, is an operation full of promise, and, as regards his own work, the result is more satisfactory every time that it is performed. It will not, however, supersede hysterectomy, as there are cases in which, even when got at, the ovaries cannot be separated from the uterine tumor without too great a risk. He advises trying the simpler method first, in all cases where the tumor is small, and does not extend much above the umbilicus. The proportion of cases in which interference of any kind is warrantable is, perhaps, not greater than five per cent. The cases in which he thinks hysterectomy may reasonably be recommended are these:

(1) In very large, rapidly-growing tumors of all kinds in young women.

(2) In all cases of real fibrous cystic tumors.

(3) In most cases of œdematous fibrous tumors which are not cured by removal of the ovaries. They occasionally grow to be very large, even weighing two hundred pounds, according to the author. Sometimes, large quantities of red serum can be removed with much relief, and in this way, the patients carried over the menopause when the necessity for further puncturing ceases.

(4) In cases of large, bleeding fibroids, when removal of the ovaries cannot be accomplished, provided that the patient is not approaching the menopause. In these cases, as a rule, though there are many exceptions, menstruation goes on much beyond fifty.

(5) In certain cases of tumors surrounded by much free fluid, the result of peritonitis, provided that the fluid shows a tendency to reaccumulate

after two or three punctures. Occasionally, when the fluid does disappear, its absence may, from some change in the osmosis, be followed by an extremely rapid growth of the tumor. It is important to remember that long continued irritation of the peritoneal surfaces by large, solid tumors, is apt to be followed by degeneration of the peritoneum of a sarcomatous or cancerous nature. The microscopic examination of the fluid will, in such cases, keep one from falling, into error. Dr. Keith has several times, where large, healthy, uterine fibroids were present, removed fluids swarming with cancerous elements, the source of which was found to be altogether in other organs affected with cancerous disease.— *Boston Med. Journal*·

CHIENE'S CONTRIBUTIONS TO PRACTICAL SURGERY.—Prof. John Chiene, in an admirable series of practical notes on every-day surgery, makes, *inter alia*, the following suggestions:

In wounds of the face, the best stitch to use is horse-hair. Unless the wound is of considerable size, no form of drainage is necessary. The best dressing is a pad of salicylic cotton-wool or corrosive wool, fixed in position with flexible collodion.

The introduction of the sharp spoon into surgical practice has greatly simplified the treatment of lupus. In the use of the sharp spoon, special care must be taken to scrape away the raised edges of the lupoid ulcer, as it is here that the pathological change is advancing. This is best done by scraping from the sound skin toward the centre of the ulcer. After the new formation is completely removed, the best application is a powder which has been introduced into surgical practice by Dr. Lucas Championniére, of Paris. It consists of (1) light carbonate of magnesia, which has been impregnated with the vapor of eucalyptus, (2) powdered benzoine, and (3) iodoform in equal quantities.

In persistent hemorrhage from the nasal cavity, plugging of the posterior nares should not be done until an attempt has been made to check the hemorrhage by firmly grasping the nose with the finger and thumb, so as completely to prevent any air passing through the cavity in the act of breathing. This simple means, if persistently tried, will in many cases arrest the bleeding. The hemorrhage persists because the clot, which forms at the rupture in the bloodvessel, is displaced by the air being drawn forcibly through the cavity in the attempt of the patient to clear the nostrils. If this air is prevented from passing through the cavity, the clot consolidates in position, and the hemorrhage is checked.

In the reduction of a dislocation of the lower jaw, the patient should be seated on a low stool before the surgeon. In this way the surgeon gets a sufficient leverage, standing above the patient, and the reduction of the dislocation is simplified.

In the division of a tight frænum of the tongue, when a child is tongue-tied, care must be taken not to use the scissors too freely. All that is necessary is, standing behind the patient, to nick the anterior edge of the frænum with the scissors, and to tear with the finger-nail the remainder of the band. In this way hemorrhage, which is apt to be troublesome, is prevented.

In the removal of an elongated uvula, after you have grasped the apex of the uvula, it is to be drawn forward and rendered tense before division. If it is simply grasped, and an attempt made to divide it in its normal position, it is not always an easy matter to effect the object desired. When it is rendered tense the operation is a very simple one.—*Edin. Med. Jour.* Dec. 1885.

THE DISINFECTION OF SLEEPING-APARTMENTS.—Professor König of Göttingen, in an article on this subject in the *Centralblatt für Chirurgie*, says that at one time, while he was practising medicine in Hanau, he suddenly discovered that his bedroom was thickly inhabited by bugs. A friend assured him that he could speedily rid him of the pests, and proceeded to fumigate the apartment with corrosive sublimate. The success of this measure was most gratifying; and, when the room was opened, the dead bodies of various kinds of insects were seen strewn about the floor. This incident led the writer to hope that the same means would be effectual in distroying the infectious elements of contagious diseases; and a trial in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia, gave most satisfactory results. Since adopting this method, he has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in which the patient had been confined. The mode of procedure is very simple. From one and one-half to two ounces of corrosive sublimate are put on a plate over a chafing-dish, and then the windows and doors are closed. At the expiration of three or four hours the windows are opened, and the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or cloth over the mouth and nose, in order not to inhale the vapor. The following day the windows are again closed, and some sulphur is burned, in order to neutralize any of the mercurial fumes which may still linger about the furniture and other articles. The room is to be again aired and cleaned, and will then be ready for occupancy.

It should be distinctly understood that this method of disinfection is wholly unsuited for domestic purposes, and should not be employed by persons unaccustomed to chemical manipulations. Corrosive sublimate is a dangerous poison, which it is not prudent to have about the house; and its use in the way here described is safe only in the

hands of a professional "expert."—*Popular Science News.*

COLD PEDAL DOUCHE FOR CATARRH.—Medical science often seems to be a compound of contradictions. The hot foot bath, with or without mustard, is a popular remedy for colds, whether of the head or chest. The use of the cold douche to the lower extremities for catarrhal maladies is not so well known, and by no means so frequently advocated. Recently, however, M. Bourgarel has extolled the benefit of the cold douche to the feet in diseases of the respiratory passages. As all the world knows, the object of the pedal excitant is the production of *reaction.* M. Bourgarel maintains that reaction is easy obtained by the application of cold, and for this purpose the douche need not be very forcible or long applied. It is recommended that the cold douche to the feet be systematically used. There can scarcely be a doubt of the value of this treatment, provided the cases in which it is prescribed are suitable. As a general tonic to the circulatory and nervous systems, the application of cold water under some pressure to even a small area of the superfices of the body stands in a high place. The beneficial effects on the system at large reflects itself on those parts which are in a less healthy or atonic state. And so it follows that the remedy in question may put the finishing stroke to a chronic catarrh. That the temporary shock and subsequent reaction implied in the cold douch may also prove of service in spasmodic attacks is not without the bounds of physiological reason.—*Lancet.*

THE TREATMENT OF PNEUMONIA BY QUININE.—DR. F. P. Atkinson thus writes in the *Practitioner* for October:

If the Collective Investigation Committee of the British Medical Association have done no other good, they have certainly directed attention to the treatment of pneumonia by quinine, which is destined, I think, sooner or later to supersede all methods now in vogue. There can be no question that in almost every case (and I think there are very few exceptions), it prevents the disease advancing beyond the first stage, and rapidly causes resolution to take place. It does away with the necessity for poulticing, all that is required being the application of cotton-wool to the front and back of the chest. My friend, Mr. Corbett, who has a good series of charts to bring forward. tells me it is equally successful in cases arising in young infants as it is in adult cases, and he asserts that many children he has been able to pull through, who, in old times, would certainly have been lost.

He gives an adult two grains every two, three, or four hours, according to the severity of the case, combined with hydrobromic acid, and if there is any delirium a few drops of tincture of digitalis. If there is any large deposit of urates in the water, he gives some citrate of potassium alternately with the quinine. This method of treatment I have followed out with decided benefit to my patients and satisfaction to myself. Now any one who has given repeated doses of quinine to a patient will, no doubt, have noticed the profuse sweating that occurs after its administration, and I am anxious to find out as to whether quinine really acts curatively through the perspiration it produces, its antiseptive action, or both. In some cases of menorrhagia, it exerts a very decided influence upon the muscular tissue of the uterus; has it any influence upon the muscular coat of the arteries in pneumonia? An answer to these questions would, no doubt, help us not only in the treatment of pneumonia, but also many other febrile diseases.

TOLU VARNISH IN DIPHTHERIA.—Dr. Richard Lord writes in the *Brit. Med. Jour.*, December 12, as follows: "M. O. L., aged 13, complained, at 2 o'clock on November 10, malaise. She was in bad spirits, owing to the death of one of her schoolfellows from diphtheria. A saline asperient was ordered and taken in the evening. Next morning, at 7 o'clock, said she felt all 'right,' but complained of sore throat.

"On examination, a thick, well-formed, greyish-looking patch, rather smaller than a florin, but of oval shape, with gangrenous edges, was seen over the right tonsil, and on the right posterior pillar of the fauces. At 5 o'clock in the afternoon, the patch had somewhat increased, and two small patches were seen on the other side. The diph theritic spots were covered with tolu varnish, as recommended in Dr Morell Mackenzie's work. Tiucture of perchloride of iron, with glycerine and and chlorate of potash, was prescribed as a constitutional remedy. The patient expressed herself greatly relieved by the varnish, and I applied it twice a day, instead of once as advised by Dr. Mackenzie. In about forty-eight hours from the time when it was first seen, the membrane began to disappear, and, on the evening of the fourth day not a tiace of it remained.

"I may add that it is important that the fauces and tonsils should be first well dried with blotting-paper. The solution can be most conveniently applied with a camels hair pencil fixed in a long wooden pen-holder, as supplied by Messrs. Maw. The method of treatment which I have found so successful in this case being, I believe, little known, I think I shall be doing a service to my brother practitioners in placing it on record.

SUBCUTANEOUS DIVISION OF THE SPHINCTER ANI.—In the *Med. Times and Gazette*, Mr. Pick recommends the plan of dividing the fibres of the sphincter ani by a subcutaneous incision, in cases of spasm of the rectum and fistula in ano. The

author records the case of a man who suffered from intense pain and spasmodic contraction of the spincter ani after each action of the bowels. No structural lesion could be detected, and it was determined to divide the sphincter subcutaneously. This was done by inserting the left forefinger into the rectum, and then introducing a tenotome through the skin about a quarter of an inch from the anal orifice; by means of the finger in the rectum, the point of the tenotome was carried up beneath the mucous membrane, until it was well above the upper edge of the sphincter muscle. The tenotome was then turned round, and the fibres of the muscle were divided until no resistance remained. After the operation, the patient's bowels were confined for 48 hours by means of opium; then a copious enema was given, producing a good evacuation without any pain. From this time, the patient was perfectly relieved of his trouble. The author also records three cases in which he has divided the fibres of the sphincter ani in this manner before operating for piles, and considers this a better plan than that of forcibly stretching the sphincter with the hand.—*Med. and Surg. Reporter.*

RELIABLE REMEDY FOR OZÆNA.—Besides the removal of the diseased bone, the only remedy which has thus far been considered to possess any value in ozæna has been chloride of zinc, and every physician will admit that its effect never answers the expectation.

A new preparation of aluminium, the aluminium acetico-tartaricum, has been discovered to be almost a specific in ozæna. Altenstart and Schaefer (*Deutsche Med Woch.*,) 23 85,) have tried it in a large number of cases, and say that its effect is really surprising. The fœtor of the secretion rapidly disappears, the scabs become thinner under its use and drop off much easier, the atrophic mucous membrane assumes a healthy look, and within two weeks a complete cure may be established in all cases where the bone has not already been so diseased as to be loose like a sequestrum. Of a fifty per cent. solution, one teaspoonful is usually added to one-half to one pint of water. It possesses about the same caustic properties as a solution of nitrate of silver of one to five, and is also indicated in the same morbid conditions of the mucous membrane as the latter drug, but it seems to have a specific effect upon the mucous membrane of the nose and of the larynx. In ulcerations, for instance, of the larynx, its effect is far more rapid than that of boric acid.

We do not know whether the remedy has reached this country, but it will be rapidly imported whenever some of our leading physicians conclude to make a trial of it.—*Med. and Surg. Reporter.*

AMMONIA IN THE TREATMENT OF ANTHRAX OR MALIGNANE CARBUNCLE.—The *Lancet*, for January 9th, without giving the source of its information, states that Dr. Leonidas Avendano lately read a paper before a Lima medical society, in which he testified to the great value of ammonia in anthrax and "carbunculous diseases," adding that it was a specific, and should be the only drug used. In cases of malignant pustule, after an incision has been made, the official solution should be dropped into the wound, in the hope of its destroying the bacilli there, and of some of it finding its way into the blood before the bacillus does so as to make it impossible for the parasite to multiply in that fluid. In addition, some salt of ammonium, such as the acetate, should be given internally, and, on the slightest suspicion of general infection, resort should at once be had to intravenous injections of ammonia, in doses of ten drops of the official solution with the same quantity of distilled water. In cases of malignant œdema and carbunculous fever, too, "the microbe should be attacked directly in the blood, ammonia being injected into the circulation." Several successful cases were related, and the author closed by stating, to the honor of Peruvian medicine, that Dr. Leno Alarco had first injected chloral in tetanus, and ammonia in septicæmia or purulent infection; that Dr. Armando Vélez and Dr. F. P. del Barco had first injected capsicum into the veins in yellow fever; and that Dr. Néstor Corpancho and himself had orininated the treatment described for carbuncle.—*N. Y. Med. Journal.*

TESTA ON IODOFORM IN GOUT.—Professor Testa (*Gaz. Med. di Torino*, 1885) recommends the use of iodoform in gout. From several experiments and clinical observations, he arrives at the following conclusions: 1. Iodoform augments the daily excretions of urea, while it accelerates the organic changes of matter and the process of oxidation. 2. The quantity of uric acid which is excreted daily with the urine, under the use of highly nitrogenized food, is diminished, inasmuch as, through acceleration of the process of oxidation, the conversion of uric acid into urea is increased. Oxaluria is diminished, through conversion of the oxalic acid into carbolic acid and water. 4. In gout, the amount of uric acid in the blood is diminished through an increase of the organic changes 5. Hence iodoform is to be regarded as a rational remedy, fulfilling the primary indication in gout. The quantity of iodoform given daily by Dr. Testa amounted to from sixteen to twenty centigrammes (1½ to 3 grs). In seven cases of gout in which it was given, the paroxysms became less frequent, and their intensity and duration were reduced. It appears, however, to be contra-indicated, or at least to require great caution in its use, in cases where gout is complicated with an affection of the kidneys.—*London Med. Record.*

CARBON DISULPHIDE IN NEURALGIA.—Guerden recommends, as far superior to the menthol pencil in neuralgia, the application, for three minutes, of:

Carbon disulphide (rectified).....9 parts.
Essence of mint.....1 part.
Shake well.

In superficial neuralgias, whether facial, dental, or intercostal, and in superficial rheumatic pains, this application produces instantaneous relief, and not unfrequently a cure. In the deep neuralgias, as sciatica, it is necessary to project the solution upon the painful part by means of an atomizer. Actual freezing of the skin is unnecessary. Dental neuralgia usually succumbs to this treatment applied to the corresponding cheek—a slight application to the gum, or the insertion into the carious tooth of a pledget of cotton moistened with the solution being occasionally advisable. Very obstinate facial, dental, and pharyngeal neuralgias may be subdued by gently introducing into the external auditory meatus a pledget thus moistened, squeezed out, and covered by a layer of dry cotton. —*Revue de Therap.*

THE ACTION OF MERCURY UPON THE BLOOD.—Dr. L. Gallard, in an experimental study to determine the action of mercury upon the blood, concludes:

1. That the number of the red corpuscles may diminish slightly at the beginning of the administration without regaining their original proportion, but more frequently it increases progressively, until about the fourteenth day of treatment, to undergo at this time a slight diminution.

2. The hæmoglobin always increases progressively until about the twenty-fourth day of treatment, and having attained at this time its greatest abundance descends to its original proportions, and if the treatment is continued sinks below it.

3. The abundance of hæmoglobin increases in a proportion beyond that of the red corpuscles, and may even increase when these diminish, whereby mercury may be compared to those metals which induce the production of hæmoglobin.

4. The weight of the body increases almost constantly, though it is impossible to determine the exact relation which exists between such increase and the condition of the blood. *Archives Générales de Medécine, November*, 1885.

TREATMENT OF FAVUS IN THE ADULT.—The crusts should first be removed by lotions of green soap, preceded, if necessary, by poultices. The hair is then to be cut as short as possible, and an ointment of eight to fifteen grains of bichromate of potassium in one ounce of lard applied, the head being afterwards covered with a cap of linen or cotton cloth. The head should be thus washed with green soap, and covered with the ointment every morning and evening. If the application caused much smarting the proportion of potassium bichromate should be reduced, or if the crusts fail to become detached it should be increased. A trial of a few days duration will suffice to determine the relation between the individual tolerance and the degree of activity of the ointment. The hair should be cut very close, but epilation is useless.—*Journal de Médecine de Paris*, November 15, 1885.

GOSSYPIUM IN UTERINE HÆMORRHAGE.—MASSINI ("Korrespondenzbl. f. Schweiz. Aerzte;" Ctrlbl.. f klin. Med.") thinks that this drug is to be regarded not only as an efficient substitute for ergot, but as having some advantages over that remedy. Although less prompt in action, it is more enduring; hence, while it has been used successfully to increase the pains of labor and in uterine atony in the placental stage of labor, its most appropriate field is in gynæcological practice. In two cases of metrorrhagia at the menopause the author observed brilliant results from the use of the fluid extract, two or three teaspoonfuls daily.—*N. Y. Med. Journal.*

ASTHMA—Dr. Q. C. Smith in a recent number of *Gaillard's Medical Journal* recommended the following for the paroxysms of asthma:

℞ Mur. Pilocarpine,
Apomorphia..... .... aa gr. $\frac{1}{8}$.
M.—To be administered hypodermically.

The patient will quickly sweat profusely, breath easier and obtain sleep in ten minutes.

For the constitutional treatment he uses the following:

℞	Iodide of sodium.....	℥ 1.
	F. E. grindel. robuus,	
	Tr. aloes	
	Syr. ipecac.....	aa ℥ij.
	Liq. pot. arsenitis.....	℥ss.
	F. E. belladonna	gtt iv.
	Syr. Lactucarium, (ambergris) q. s. ft.....	℥ij.

S.—Teaspoonful every three hours for one day, and three times a day after meals for from three to six weeks.

A NEW HEART-TONIC.—Prof. Wagner recently employed the new heart-tonic, the nitro-salicylate of caffeine, in his clinic in Buda-Pesth, on twelve patients (*Oroosi Hetilap.*, No. 32, 1885). The daily dose varied from 3 to 18 grains. The results were the same as those observed by Riegel. The remedy is a rival of digitalis, but has the great advantage of being more rapid, and never accumulative in its effect. The only drawback seems to be, that with the discontinuance of the remedy its effect also quickly ceases. At the beginning but small

doses should be administered, as many patients evince a peculiar idiosyncrasy against the drug.

The remedy is indicated in all cases where compensation has ceased. It here causes a regular and stronger action of the heart, and decided increase of the urinary secretion. All the disagreeable after-effects of digitalis are absent in the employment of nitro-salicylate of caffeine.—*Med. and Surg. Reporter.*

THE TREATMENT OF SCARLET FEVER.—Dr. Bedford Brown, of Alexandria, at the meeting of the Medical Society of Virgina, said that he had seen malignant cases with cold extremities and tongue, with a body temperature of 107° F. He used

℞. Acid. salicylat,.....ʒij
Tinct. aconit. radicis,.....gtt. xlj
Infus, digitalis.... .....ʒjss
Spts. ammon. aromat,.....ʒiij
Syr. aurant. cort.,.....ʒss
Aquæ, ...ʒj

M. Sig.—Teaspoonful for a child five years old every three hours.

This combination reduced fever more decidedly than any other antipyretic he had used; it acted also as a diaphoretic and diuretic. A tepid bath or a wet pack increased its action. Alcoholic stimulants benefited malignant cases, tending to collapse and coma; as also cases, on the other hand, having high fever, rapid pulse, and extreme restlessness. Such agents, also, generally arrested adenitis. In dangerous cases, frequent baths were too exhaustive. When extensive suppuration and pyæmia threatened, tincture of iron, Fowler's solution, and quinia sulphate acted well. To arrest acute nephritis and renal dropsy, he enveloped the body with a flaxseed-meal poultice covered with oil-silk. When the kidneys were engorged, the urine bloody, with dropsy of the chest and abdomen, a full dose of calomel, followed by compound powder of jalap, would often do good. Such cases bore purgation. But if the renal dropsy was attended with cool skin, great pallor, feeble pulse, and great prostration, then frequent purgation was not well borne. In such cases he used lumbar poultices, digitalis, acetate of potash, with occasional saline cathartics, A morbid element in scarlatina often developed rheumatism; hence, frequent cardiac complications. When these occured, he resorted to the active agents named in the foregoing prescription. Alkalies and salines should be used in renal complications. He had been disappointed with the diaphoretic action of pilocarpin. Potassium iodide was often useful in nephritic sequelæ of scarlet fever.—*N. Y. Medical Journal.*

TO PURIFY DRINKING-WATER.—Professors Austen and Wilber, after the most elaborate experiments, consider it established that by the addition of two grains of alum to the gallon, or half an ounce to the hundred gallons, water can be clarified by standing, and that neither taste nor physiological properties will be imparted to it by this treatment. By increasing the amount of alum, the time required for separation and settling can be diminished; and, *vice versa*, by diminishing the amount of alum added, a greater time will be required for the clarification. The solution of alum is made as follows: Dissolve half an ounce of alum in a cup of boiling water, and when it is all dissolved pour into a quart measure and fill to a quart with cold water. This solution should be kept in a bottle labelled "alum." Fifty-four drops of this solution contain two-thirds of a grain of alum, which is the amount to be added to one gallon of water. The old-fashioned teaspoon holds about forty drops, the new spoons, however, hold about seventy drops. Hence a modern teaspoon, scant full, will be about the right amount to add to every gallon of water to be filtered.—*St. Louis Cour. Med.*

THE DOCTOR'S PECULIAR DANGER.—The *Medical Age* deals with a delicate subject in the following skilful manner: "The physician, especially if he has been favored by nature with physical attractions, is above all men subject to sexual temptations. His relations to his female *clientèle* are of that secret and confidential nature which tends to familiarity. Weak women, who are diffident and shy to all other males, frequently conceive for their physician a passion which it would require but a slight response to convert into a crime. We apprehend there are few of our readers whom professional experience has not convinced of this frailty (which may, after all, be more or less physiological) on the part of the weaker vessel. In view of this fact, it is very complimentary to the profession that there are so few scandals chargeable to it. As compared with even the clergy (the especial conservators of morals), physicians stand well in this respect. Doubtless, too, not a few of the scandals chargeable to medical men have no sufficient foundation, the peculiar relations of the doctor to his female patients laying him especially open to the schemes of the blackmailer."

FACIAL PARALYSIS.—To a recent meeting of the Midland (England) Medical Society Dr. Suckling showed a man, aged twenty-six suffering from facial paralysis with inequality of soft palate and deflection of the uvula. Two years ago he was thrown out of a trap on his head. Purulent discharge followed from both ears some weeks later, ending in absolute deafness and facial paralysis on the right side. The faradaic and galvanic irritability were quite lost, the uvula was deflected to the right, and the posterior pillar of the fauces on the

left side was much narrower than on the right. Dr. Suckling considered the palatal changes very interesting, since Dr. Gowers says he has never seen the soft palate affected in facial paralysis.

NAPHTHALIN IN THE TREATMENT OF ULCERS.—According to Dovodtchikow (*Wratch*, 25, 1885), naphthalin forms a most valuable local application to ulcers, especially in patients of the poorer class. Apart from its cheapness and the ease with which it may be applied, it is recommended as inducing rapid healing and cicatrization, and as possessing such antiseptic properties as to cause the rapid disappearance of offensive odors. A still more important claim is that the application is absolutely painless and non-irritant, so that the patient thus treated may continue his work without retarding the cicatrization of the ulcer.—*L'Union Médicale.*

NUX VOMICA IN RECTAL PROCIDENTIA.—During the past ten years Schwartz has successfully used the extract of nux vomica in rectal procidentia, also in infants and adults, even when the trouble has become chronic. One and one-half grains of the extract are dissolved in eight ounces of distilled water, and of this from seven to ten drops are taken every four hours. The dose for a child is given as five drops and for an infant of one to two years the dose is two to three drops. A recent prolapse should succumb in from twenty-four to forty-eight hours. To prevent relapse this treatment is continued a week after cure, the appropriate dose being taken but twice daily. If the prolapse is not of recent date, sixty grains of extract of rhatany may with advantage be added to the original solution. — *Nouveaux Remèdes*, Dec. 1, 1885.

CARBOLIC ACID IN INDIGESTION.—I have just passed through a severe attack of indigestion accompanied by colic, pyrosis, food eructations, epigastric weight, uneasiness, etc. Alkalies, muriatic acid, pepsine, and pancreatic extract failed to give relief. Seeing your note in the American Practitioner on the use of carbolic acid in acid eructations, etc., I took, with almost instant relief, two or three drops of the acid as soon after food as regurgitation, distension, or acidity occurred. One dose was usually sufficient. On two occasions only was a second dose required. This I took half an hour after the first. I dropped the acid on a bit of fresh bread and rolled the mass into a pill. Since my my own case, I have given it in a similar case with like good result. Here I added a scruple of carbolic acid to one ounce of glycerine. Dose, a teaspoonful.—R. in the *Am. Prac. and News.*

EVOLUTION IN MEDICINE.—The steady progress which medicine has made from year to year for the last half-century has transformed the physician's art, and contributed largely to diminish the weight of human misery and disease; of this we are not unfrequently reminded by veteran physicians who can look back for this period, and to whom the subject, as published addresses and orations show, has an irresistible attraction. To trace the upward course from year to year, to lay a finger upon this fact or that, and say here is something known now but not known a year ago, is less convincing; for the science and art of medicine does not advance by leaps and bounds, but by a slow process of accretion strictly analogous to organic growth. The tendency of medicine in this generation is primarily toward analysis; the analytical method has been applied to every department, and a minute accuracy and precision of observation has been cultivated.—*British Medical Journal.*

HOW TO REMOVE SMALL BODIES FROM THE EYE.—The eye is frequently irritated by the entrance of bits of straw within the lids. If a grain of flaxseed is placed under the inferior eye-lid and the eye closed, it immediately becomes surrounded by a thick mucilage which entraps the foreign body, and soon carries it out from the angle of the eye. —*Med. World.*

THE knowledge a trained nurse possesses—the very utmost she can acquire—must be simply so much quackery, in so far as it extends beyond the mere womanly qualification of ministering gently to the sick and obediently carrying into effect a careful practitioner's instructions. Unhappily, female nurses are actually allowed to pass catheters and give hypodermic injections.—*The Lancet.*

PRURITUS OF PREGNANCY — PILOCARPINE. — A correspondent writes that a single dose of one-third of a grain of pilocarpine by the mouth, served to bring on profuse sweating and salivation, with complete relief of intolerable and persistent itching which had lasted throughout pregnancy and recurred after delivery.—*Brit. Med. Jour.*

HYPERTROPHY OF THE HEART.—Prof. Da Costa recommends in the initial stage:

℞ Tinct. aconiti rad..... m xvi.
Tinct. cinchonæ comp..... ℥ij.

M. Sig.—One teaspoonful three times a day.

In addition, the bowels are to be kept freely open, and the arterial tension lessened by the administration of one or two drachms of Rochelle salts, or some other saline, every morning.—*Med. Bulletin.*

TELEPHONES FOR THE SICK-CHAMBER.—A London firm has devised a telephone by which persons suffering from contagious disorders may safely communicate with their friends.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAILLER, 23 Rue Richer, Paris.

TORONTO, MARCH, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

BACTERIA.

It may be interesting to our readers to have set before them in a short space the principal facts known to the scientific world in regard to bacteria, these little organisms which have so interested the medical mind in connection with their relation to disease. The subject is one of immense importance, and some of the best scientific minds of the day are bent upon the task of investigating the true position of these organisms, whether they stand in the relation of cause or effect to those diseases with which they have been especially associated.

But few investigators look at present with favor upon the theory that disease is caused by chemical changes—*i. e.*, that some *materies morbi* having found its way into the body, sets up a catalytic action and induces morbid processes in the various tissues which are affected in the particular disease. This is, speaking broadly, the idea which held the medical mind for years, and which even yet has a few well-known adherents; but the great majority of scientists and original investigators unhesitatingly affirm that disease is caused by living organisms, germs, which introduced into the system multiply indefinitely and thus excite the morbid processes characteristic of each type of disease.

This germ theory of disease is certainly the one which commends itself to the present bent of the scientific mind. When Koch announced in 1882 that he had discovered the bacillus which was specific in tubercle, he gave a great impetus to the investigations then being made as to the influence of bacteria upon disease. These investigations, owing to the imperfection of instruments, the ignorance of the methods of staining, and the want of precise information on the part of botanists regarding these schizomycetes, had been carried on in a desultory manner for years. Bassi discovered, as early as 1835 the cause of muscadine in silk-worms. The fungus of favus was discovered by Schonlein in 1839, that of thrush a few years later; so that though it is only within the past few years that much progress has been made in the investigation, it was commenced long enough ago.

The term *bacteria*, synonymous with *microbe*, has been given to microscopic particles of vegetable matter belonging to the *fungi*. These little organisms are practically omnipresent. Every breath we draw sucks almost countless numbers of them into the lungs. Examine a drop of decomposing animal fluid under the microscope, and you will find the fluid alive with minute particles of various shapes. Some mere points, others rod-shaped, others wavy lines, and all in a state of motion. Wherever decomposition goes on, these bodies are found; the air of our towns is as a sea in which they float in immense profusion, while even country air is not free from them, all awaiting favorable conditions for reproduction. The power of resisting destruction shown by most of them is great. Boiling water will not destroy all forms, *e. g.*, *B. subtilis*; they may be subjected to freezing without losing the power of motion and reproduction. Fortunately however, the temperature of boiling water destroys all known pathogenic species. The name *Bacteria* is unfortunate, being the proper name of a single genus only, but it has come into general use and is now used in the same sense as microbe. They have been classified by Cohn, who calls them as follows:

1. *Sphero-bacteria* or micrococci. 2. *Micro-bacteria* or bacteria. 3. *Desmo-bacteria* or bacilli. 4. *spiro-bacteria* or spirillæ.

The first consist of minute drops of protoplasm, having delicate cell walls; they multiply by fission, forming clusters *(zooglea)*, and chains. They are found in myriads wherever moist organic matter is decomposing, and are active agents in the process

of fermentation. The majority of these germs are innocuous, but some are pathogenic.

The second, *micro-bacteria*, *B. termo*, are slightly elongated, multiply by division, and often appear linked in chains. They are remarkably active, and while many of them are harmless, the bacterium septicæmiæ is rapidly fatal when introduced into the blood of a living animal. Others having a close resemblance to the pathogenic members of this class are found in the blood of persons in perfect health. The third, *Desmo-bacteria* (bacilli) are of various sizes, but all are more or less rod like. The long slender ones have been spoken of by authors as vibriones. They are sometimes provided with a flagellum or tail, which assists in movement. Their development is usually by spores, though fission has been observed. The *Spiro-bacteria* appear under various forms, but all have a characteristic twist or spiral. Some are provided with flagella, which assist in locomotion. They multiply by spores. While the principal forms have thus been spoken of, it is to be remembered that no hard and fast line can be drawn between them. They do not always retain their original forms; thus the micrococci often elongate so as to resemble the bacilli; and the bacilli sometimes break up into fragments so as to closely simulate the micrococci.

These little organisms are found in every portion of the universe where their existence can be maintained, and it is fortunate that only a few are pathogenic. "Their prodigious powers of reproduction, their astonishingly rapid alterations of the media in which they multiply, and the occult and subtle chemistry which they employ, these and other mysterious facts of their life history are subjects of profound concern." Many act as scavengers, hastening disintegration by oxidation, while others, if the theory be true, are the active agents in disease. All bacteria do not require oxygen for their existence, but all need water, without which they become inert.

Certain temperatures are necessary for the successful multiplication of these fungi, that of the body being most favorable for the pathogenic varieties, but while prolonged boiling is fatal to all known species except B. *subtilis*, their spores are less easily destroyed, though the question appears to be open, as to whether they will resist prolonged boiling, and in sterilizing for the purpose of pure culture they are exposed to prolonged high temperature in an oven.

Some of the diseases in which specific bacilli have been isolated are as follows: tubercle, cholera, anthrax, septicæmia, typhoid fever, carbuncle, glanders, small-pox, syphilis, gonorrhœa, diphtheria, etc., etc. Recent observers have discovered minute organisms in the red blood corpuscles of persons suffering from malaria They can be easily stained and indeed present all the chief characteristics of bacilli. They have been named plasmodes, and when injected into the blood of a healthy individual speedily produce febrile movement. The scientific world is now much interested in bacteriotherapy, and several experiments recently made seem to shadow forth the hope that much may yet be accomplished in the cure of specific disease by the destructive action of one species of bacillus upon another. Thus Cantani's phthisical patient who was subjected to inhalations of B. termo in meat broth, soon showed in his sputa total absence of B. tuberculosis, and had his condition "*wonderfully improved.*" Salama of Pisa, found a similar disappearance of Koch's bacillus and improvement in a patient's condition, under the influence of the same B. termo.

Of course it is not certain that in either case the bacterium was the only means by which improvement was brought about; but it is sufficiently encouraging to permit us to hope that bacteriotherapy may yet be of service in the prevention and cure of disease. Let us however, be on our guard, and not allow this most inviting theory to carry us too far, for it must be remembered that we are by no means certain that we have discovered in these organisms the cause of certain obscure pathological states; that the bacteria may not be the cause, but the result of disease, whereby the soil becomes fit for their multiplication and growth; in fact *whether they are the cause, or the scavengers of disease.*

AMERICAN HEALTH ASSOCIATION.

We wish to inform our readers that it has been decided to hold the fourteenth annual meeting of the American Public Health Association in Toronto early in October, 1886. The Association dates from 1872, and from a very modest beginning has grown so rapidly in importance and numbers that

it now reckons among its members, not only medical men from every State in the Union, but numerous laymen-clergymen, lawyers, architects, journalists, etc., etc.

The following are some of the officers for the present year: *President*, H. P. Walcott, Cambridge, Mass.; *1st Vice-President*, Dr. C. W. Covernton, Toronto. Dr. Hingston, of Montreal, is the representative of the Advisory Board for the Dominion of Canada; Dr. P. H. Bryce, for Ontario, and Dr. Montizambert, for Quebec

Associated with this organization is one of all the State Boards of the Union, and at the last meeting, the Provincial Boards of Ontario and Quebec were represented. National, State, and Municipal health organizations have a large representation in its membership, and this taken in connection with the extent and practical value of its labors, has gained it a standing recognition and influence all over the United States, and now that the Dominion of Canada is included in its organization, it may be fairly claimed as the largest sanitary association in the world—the International Congress of Europe not having so large a membership or embracing anything like the same amount of territory. In view of the very great advantages to be derived by officers and members of Boards of Health, Provincial and Local, it is to be hoped that not only the Medical Health Officers of Local Boards, but the Chairmen and Secretaries will join the Association. We have reason to know that the present Central Board represented at the P. H. A. at Washington by Dr. Hingston, will send delegates, and also that the Provinces of New Brunswick, Nova Scotia and Prince Edward Island will send their fair share. It would therefore be a matter for very great regret if the Local Boards were not adequately represented. We have reason for saying that the Provincial Board will do their utmost to make the attendant expenses as light as possible. Efforts are being made to secure a representation from Europe, and to the furtherance of this end, arrangements have been made with the S. S. and R. R. companies to carry passengers at the same rates as were accorded to the members of the British Association when they visited Montreal.

HYDROCHLORATE OF COCAINE IN REMOVAL OF THE TONSILS.—Dr. W. C. Phillips, (*The Quarterly Bulletin*) has used with the following results a two per cent. solution of the Hydrochlorate of Cocaine in the removal of the tonsils. Only one tonsil was treated with the solution, the other was removed without recourse to anæsthesia. In the case in which the solution was applied, it was noticed: 1. That no hemorrhage occurred for a few seconds, and that it was at no time profuse. 2. That there was very little sensation of choking on the part of the patient. 3. That the cut surface was more than ordinarily anæmic in appearance. In the other case, which was the smaller tonsil of the two, more choking was noticed, the hemorrhage was more profuse and instantaneous, and the cut surface of the tonsil was redder than on the other side From the above results he is led to conclude that the uses of Cocaine in cases requiring excision were: 1. To lessen the hemorrhage. 2. To do away with the choking sensation. 3. To relieve the pain caused by the operation.

THE ACTION OF LACTIC ACID ON CERTAIN MORBID GROWTHS.—Lactic Acid has been proposed by Dr. E. Jelinck, who has been studying its action for some months, as an application to granulations occurring about the nares, pharynx and larynx. So much benefit has followed its use that he considers that it will play an important *rôle* in the treatment of tubercular diseases of the larynx. For the larynx a 20 per cent. solution is strong enough to begin with. On the pharynx an 80 per cent. solution may be used, and on granulations elsewhere it may be employed in powder or as a paste allowed to remain on the part for twenty-four hours, the application being repeated in three days. Professor Mosetig-Moorhoff has employed it on fungus (of bones), lupus, papilloma and epithelioma. Two cases have been exhibited by him before the Gesellschaft der Aerzte of Vienna, in which there was in each case extensive involvement of bones, yet in each case a beautiful cicatrix had been obtained.

POST MORTEM ALBUMINURIA.—It has been found by M. M. Vibert and Agier that urine drawn from the bladder of a cadaver is almost invariably albuminous, even when there was no lesion discoverable in any part of the uro-genital apparatus. It was noticed in these experiments, also, that the longer the time was since death occurred, and the less urine there was in the bladder, the greater was

the proportion of albumen contained in it. The source of these cases was shown to be the mucous membrane of the bladder, for when the bladder was removed from the cadaver, emptied of its contents and washed, and then filled with distilled water, this fluid was found in a short time to be markedly albuminous. This is a point well worth bearing in mind in the examination of the bodies of those who have died suddenly.

APPOINTMENTS.—The Ontario Medical Association has been requested to appoint two of its members on the committee appointed at the International Congress, Antwerp, to report on the best bases of International statistics of the insane, and classifacation of mutual diseases. The representative for America is Clark Bell, editor of the *Medico Legal Journal*, New York, and he has requested two to be named by each of the scientific societies in America, to assist him. The President, Dr. Tye, has named Dr. Bucke, of London, and Dr. C. R. Clark, of Kingston, as our representatives.

Dr. D. W. Eberts, McGill College, Montreal, has been appointed medical superintendent of the Winnipeg General Hospital. Dr. P. Wells has been appointed member of the Quebec Board of Health, Quebec, and Dr. C. S. Parke, commissioner of the Marine Hospital, Quebec, *vice* Dr. Marsden deceased.

TRYPSIN IN DIPHTHERIA.—This remedy which has been recently introduced by Messrs Fairchild Bros. & Foster of New York, is highly extolled in the treatment of diphtheria. It acts quickly and powerfully as a solvent of fibrin and fibrinous membrane. This property gives the strongest grounds for anticipating success in its application. It is most active when rendered slightly alkaline. We give the following formula for its use.

℞ Trypsin ....grs. xxx.
Sod. bicarb..... .....grs x.
Aquæ Dest..... ℥j M.

It is used locally and may be applied in the form of spray, or by means of a brush every hour or half hour.

THE METRIC SYSTEM NOT THE BEST.—We see that Oscar Oldberg (*National Druggist*) has, after advocating the metric system for a number of years, at last decided against it. He believes our present system of weights and measures is better adapted to the purposes of medicine and pharmacy than the metric, because of the inconvenient size of the units and the impossibility of binary subdivision in the latter. No doubt this decision will please most of us, who, though we may talk and write glibly enough of grammes, litres, etc., have not the same "grip" on the meaning of the words we have on grains, pints, etc., learned in our schoolboy days, and made tangible by every day experience. The metric system is more scientific, but to an English speaking people it is not so satisfactory as our old Apothecaries' and Troy weights, or our gills, pints and quarts.

ONTARIO MEDICAL COUNCIL ELECTION.—By reference to our advertising paper, it will be seen that an election will shortly take place, of a representative for the Territorial Division of Saugeen and Brock, on the Medical Council, made vacant by the death of Dr. Douglas. Dr. Geo. S. Herod of Guelph, has offered himself as a candidate, and if elected will make an excellent representative. He is well known in the community and so far as we can gather from his circular, he is in accord with the profession, in regard to the management of the affairs of the Council.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The eighteenth annual meeting of this Society was held at Albany, February 2nd, 3rd and 4th. The attendance was large, and a great amount of practical work was done. Interesting papers were read by Drs. Ely, of Rochester; Drs. Roosa, Loomis, Otis and Goodwillie, of New York; Dr. Powell, of Toronto, and many others. The Society is evidently in a very flourishing condition, and the large number of contributors with a world-wide reputation insures the fact that much benefit will accrue to those taking part in its proceedings.

DR. HEYWOOD SMITH AND THE STEAD CASE.—Dr. Smith, the physician who examined a young girl, and gave Mr. Stead a certificate of her virginity, received the following reprimand from the College of Physicians of London:—"It is in the opinion of this College a grave professional and moral offence for any physician to examine physically a young girl, even at the request of a parent, without having first satisfied himself that some decided medical good is likely to accrue to the patient from the examination."

SANTONIN IN AMENORRHŒA AND DYSMENORRHŒA.—J. Cheron (*Revue de Thérapeutique*) writes that the physiological action of santonin on the unstriped muscular fibres and upon the vascular system, renders it especially useful in amenorrhœa and dysmenorrhœa, especially when dependent upon anæmia and chlorosis, as also when the flow has not been properly established. He holds that it acts as a tonic to the system and removes the passive congestion upon which the amenorrhœa or dysmenorrhœa depends. It has no injurious effect upon the stomach The following will be found a convenient method of prescribing it:

℞ Santonini ..... gr. xxx.
Glycerini ..... q, s. M.
Ft. pil. No. 40.
S.—One or two pills before each meal.

FUNCTION OF THE SPLEEN.—M. Phisalix (*Revue Bibliograph des Sciences Medicales*) says that the function of the spleen is the formation of blood corpuscles. Histologically the spleen may be regarded as a modified form of connective tissue, in the cavities of which even from its embryonic period, blood cells are formed. The splenic cells multiply by subdivision, and after becoming free, form red and white blood corpuscles.

BUCKWHEAT FLOUR IN GLYCOSURIA.—Dr. A. M. Duncan writes (*Med. Rec.*) that Dr. Alvord, a retired practitioner of Hamber, Ohio, finds relief from glycosuria when he confines himself to a diet of pure buckwheat cakes. The urine becomes normal, or nearly so, in quantity and quality, the pain in the eyes is greatly relieved and the gastric disturbances disappear. When wheaten bread and other starchy foods are resumed as diet, the symptoms reappear, to be relieved by a return to the buckwheat cakes.

COCAINE IN SEA SICKNESS.—Dr. Hood mentions the good effects produced by cocaine in sea sickness. His son, who on former voyages suffered excessively, was greatly relieved by the use of the drug, though the passage was a rough one. During the voyage to Calcutta he missed only three regular meals, but had them at these times on deck. The dose was two teaspoonfuls of solution of the hydrochlorate, 1 in 1000. It is best administered before vomiting has commenced, for after that its power over the affection is diminished. It should be repeated every two or three hours. If cocaine does only one half the good it at present gets credit for, it will be a greater *Mash Allah* than opium, though it appears to be a worse master than even that monster.

SALICYLATE OF ESERINE IN PHYCTENULAR KERATITIS.—The following formula is recommended (*Western Medical Reporter*) for use in the treatment of inflammation of the cornea of children.

℞ Salicylate Eserine..... gr. ii
Aqua..... ℥ ss. M.
Sig.—One or two drops once a day to be dropped into the eye.

BRITISH DIPLOMAS.—The following Canadians have been admitted members of the Royal College of Surgeons, England, at the recent examination. Ed. Furrer, M.D, H. H. Hawley, M.D., J. R. Logan, M.D., N. Allen, M.D., of Trinity University; J. B. Lawson, M.D. (McGill). The L.R.C.P., London, was taken by M. R. Saunders, M.D. (Trinity) and E. E. King, M.B. (Toronto University).

BORACIC ACID IN DIABETES MELLITUS.—F. A. Monckton (*Australian Med. Gaz.*) reports he has cured one case of diabetes mellitus with this drug. The patient was not stringently dieted, but was given seven grains of the acid three times a day, and at the end of ten weeks the sugar had all disappeared from the urine, and its specific gravity was reduced from 1025 to 1016. The drug produces no unpleasant effect. He is anxious that all who have an opportunity shall test the value of the drug in this disease.

LOTION FOR GOUTY JOINTS.—Dr. Rothe (*Memorabilien*) speaks highly of the following solution in an attack of acute gout. Liquor plumbi acetat. 15 parts; spiritus vini, 25 parts; tr. opii ammoniat. 5 parts; aq. font, 300 parts. Having first used frequent cold douches, he applies compresses wet with the above solution and covered with mackintosh. The treatment gives great relief from pain and shortens the attack.

PURE TEREBENE IN WINTER COUGH.—This remedy, prepared by the action of sulphuric acid on oil of turpentine is said to give excellent results

in chronic bronchitis. Dr. Wm. Murrell (*Brit. Med. Jour.*) has employed it in a large number of cases at the Chest Hospital at Westminster, and in private practice, and speaks highly of its efficacy. He recommends it to be taken in doses of five or six drops on sugar every four hours, to be gradually increased to twenty drops. Patients always notice the characteristic odor which it gives the urine.

EUCALYPTUS AND TURPENTINE IN CROUP.—In an article in the *Cal. Medical Journal*, Dr. Johnston speaks very highly of the use of eucalyptus and turpentine in the treatment of membranous croup. He sprays the mouth and throat with equal parts of oil of eucalyptus and turpentine every fifteen minutes by means of an atomizer. He was led to the use of these remedies from the fact that they are capable of dissolving India-rubber. He claims to have had good results from their use in the manner above referred to, and also thinks they would be equally serviceable in the local treatment of diphtheria.

INHALATIONS OF CARBOLIC ACID IN PULMONARY GANGRENE.—According to M. Paul, says *The Bulletin General de Thérapeutique*, seven cures were effected without untoward symptoms by the inhalation of the vapour of a solution of carbolic acid, one part in seven of water. Eucalyptus in doses of one half drachm of the alcoholates per diem was in addition used internally.

TREATMENT OF HYPERIDROSIS.—German army surgeons report favorably of the action of salicylic acid in extreme sweating of the feet. It is applied in the proportion of two parts of pure salicylic acid to one hundred parts of best mutton suet. So simple a remedy will be hailed with delight by those suffering from this most disagreeable disease.

BROMIDE OF ETHYL IN SECOND STAGE OF LABOR.—Dr. Montgomery has used this agent for producing anæsthesia during the second stage of labor, in a number of cases, and has never seen any unpleasant effects either to the mother or child. The patient is able to co-operate with the physician, never becoming entirely unconscious, while at the same time the pain is reduced to *nil*. It is administered by pouring from a few minims to a drachm on a cloth and holding it against the face of the patient at the commencement of each pain, removing it in the interval.

VALERIANATES IN MELANCHOLIA.—The following is said (Dr. Defoe, *Med. Brief*) to be very effective in the treatment of melancholia in nervous women.

℞ Zinci Valerianat.
Quiniæ Valerianat.
Ferri Valerianat..... aa gr. xx

Ft. pil. No. xx. Sig.—One three times a day.

RESORCIN IN EPITHELIOMA.—Dr. Antonio, of Mazzoro del Vallo Maggio, claims to have cured a case of extensive epithelioma of the face, by the use, twice a day of an ointment consisting of fifteen parts of resorcin to twenty parts of vaseline.

CURE FOR CORNS.— It is said that liquor potassæ, applied twice a day, will remove the most stubborn corn in a space of from a few weeks to three or four months.

CORONER.—Dr. J. S. Lathern, of Halifax, N.S., has been appointed Coroner for the Co. of Halifax, *vice* Dr. E. Jennings, deceased.

Notes, Queries and Replies.

I should be glad to hear from any of your readers who may have had experience and success in the treatment of Pityriasis Capitis. The patient is a young woman, healthy, functions normal Disease of two years' standing.

INQUIRER.

Books and Pamphlets.

DISEASES OF SEDENTARY AND ADVANCED LIFE.—By J. Milner Fothergill, M.D., London. New York: D. Appleton & Co. Toronto: Willing & Co.

If all American medical republications of foreign works possessed even a moiety of the excellence of the above brilliant treatise, one might almost feel inclined to condone the servility which our boasting cousins evince in their worship of British celebrities. How little short of mortifying it must be to the really patriotic members of the

medical profession in the Great Republic, to run over a catalogue of any of the distinguished publishing houses of New York or Philadelphia, and to see that the works of his own countrymen make so comparatively meagre a show in the entire array. It may truly be said that a British author may look for his largest circulation, not in his own country; and is it not a marvelous fact that this circulaaion is greatest among a people who *affect* to scorn and deride everything that bears the title or the aspect of British, from the institution of monarchy down (and that is down enough south of the Lakes) to the Bench of Justice? It is no wonder that John Bull has begun to discover so many beautiful traits in his bovine republican cousin nephews. What effect this new inspiration may have on the tenor and tone of general English literature, it would be premature yet to predict. It is by no means unpleasant to any reader of liberal mental tendencies, to observe the indications presented in recent medical English works, of the high appreciation in which American writers are now held on the other side of the water. John has begun the study of national psychology, and he finds it not an indiscreet investment to spice his books with captivating quotations from American writers. Hence has it come to pass that one now tumbles on such names, in recent English medical books as Weir Mitchel, Flint, Da Costa, Wendell Holmes, Bigelow, Draper, Loomis, *et hoc genus nonnullam. Tempora mutantur.* John no longer worships exclusively himself; he bows towards the west. He will be all the better for the change of ritual. Read the following passage from Dr. Fothergill's chapter on the nervous system, in the part in which he is treating of the frailties of old age. "This senility," says Dr. F., "is the bane of the system of presbyters or elders. Where a number of senile personages act in concert, their conduct is such as to demonstrate what has just been said above. The mental moods come out plainly; as is seen in the facility with which a good looking young matron will turn the committee of an institution round her finger, provided that committee consist exclusively of grey or white-headed men. It is exemplified in self-electing oligarchies of senescent persons, as the Royal College of Physicians of London for instance, which is little removed from an intellectual mummy swathed in rag and cerate."

Hurrah for Fothergill? That's the stuff for young America. Hit them again, harder and still harder. That nasty twister! Tar and feather her; and those old whiteheads! explore their skulls; your shillelah cannot harm them; they are but "intellectual mummies." You are not, are you? indebted to them for your M.D. handle. Does any tale thereby hang? Is your scorn of the concrete order, or is it purely subjective—Pickwickian? No matter which, it is just the thing for young America, and it is not a bad sample of your lively book. It is however but just to say that this fling at the twister and the mummies is the only crabbed passage in the book, and who knows how great had been the provocation? Dr. Fothergill's chapter on "the seminary for young ladies," may very profitably be perused by all parents and teachers. He writes as one who knoweth whereof he treateth. Here is a sample. "In boys' schools the moral advantages of plenty of physical exercise in suppressing certain predilections is fully recognised; but with girls the whole scheme of education is, or rather was, on the devil's side. Much that tends to disaster, to wreck, alike of mind and body, goes on unseen, and therefore uncorrected. This is an imperfect world, doubtless; but would it not be possible to correct some of its imperfections?" Again, "the athlete is rarely a youth of impure thought or vicious practices; this all recognize,—preceptor and physician alike; while the moody youth, solitary and sedentary, is too often steeped in unclean thought." This is plain speaking. Every long experienced and sagacious physician will testify to its truthfulness.

A Manual of Hygiene and Sanitary Science, by a committee of the Ontario Board of Health Toronto: Williamson & Co.

The above work will be issued in Toronto in a few weeks, and gives promise of being a useful addition to others of a similar nature now before the public. It is designed to "occupy an intermediate place, between the elementary text books, for the use of children, and more advanced works for students and practitioners of medicine." It deals with such subjects as the composition of the blood, circulation, respiration, ventilation, heating, lighting, functions of the skin, disposal of sewage, nature of infectious diseases, contagion, foods and adulterations, drinks, digestion, alcohol and its abuses, hygiene of the eye and ear, etc. The field covered is quite extensive enough and embraces such a knowledge of the subjects treated of as every intelligent citizen should possess. The work is tolerably free from technical terms, and is therefore well adapted for popular use. We trust that it will be extensively read, and that the many excellent suggestion, it contains may be put

into actual practice. If such is the case, we may reasonably expect an improved state of sanitary science and a dimished death-rate in this province.

MILK ANALYSIS AND INFANT FEEDING, a practical treatise on the examination of Human and Cow's milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M.D. Philadelphia: P. Blakiston, Son & Co.

One would have fancied that the simple law of nature, which points to the milk of the mother as being the most suitable food for her offspring, scarcely required the elaboration of so scientific a treatise as Dr. Meigs has given us. Such however appears not to be the case, and those interested in the feeding of young infants, and who is not, may find in Dr. Meigs' book much that is worth knowing, but whether the preparation he recommends will be found useful in all cases, we have no means at present of ascertaining. Of one thing a somewhat large experience has convinced us, and that is, no one of the many proposed substitutes for the maternal milk can be relied on in all cases. Perhaps the most objectionable of the proposed substitutes are those compounds composed more or less of farinaceous materials. Dr. Meigs certainly does not err in this respect, his substitute being composed of cream, ordinary cow's milk, lime water and solution of milk sugar, a mixture which can scarcely claim either originality or novelty.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK.—Bound in red morocco, with flap, pocket and pencil loop. Price, postpaid, $1. Published annually by the *Illustrated Medical Journal Co.*, Detroit, Mich.

This popular day-book is now in its ninth year of publication. It accommodates daily charges for fifty patients, besides having cash department, and complete obstetric records. There are also columns for the diagnosis of the case, or for brief record of the treatment adopted. It is bound in flexible covers, weighs about five ounces, and is easily carried in the pocket.

COMPARATIVE ANATOMY AND PHYSIOLOGY, by F. Jeffrey Bell, M.A., Prof. Comparative Anatomy at King's College. Illustrated with 229 Engravings. Philadelphia: Lea Bros. & Co., 1885.

This is one of a series of Manuals for students of medicine recently published by Lea Bros. & Co. The work is written in an interesting and attractive style, and will be welcomed by those for whom it is intended.

WOOD'S POCKET MANUALS.

CUTANEOUS MEMORANDA. By Henry G. Piffard, M.D. Third edition.

VENEREAL MEMORANDA. By P. A. Morrow, M.D. William Wood & Co., New York.

The object of these little works is to supply the essentials of their topics in the smallest space possible and in the handiest form. This object is well attained in the specimens before us, which can be recommended as from the pens of competent writers and published in an attractive and eminently convenient form.

INEBRIISM—a Pathological and Psychological study by T. L. Wright, M. D., Bellefontaine, Ohio. Price $1.25.

The above excellent little work consists of an analysis of the inebriate constitution, especially with reference to alcoholic proclivity. Those who may wish to obtain the work can do so by addressing the author as above given.

MONOGRAPH ON COCA AND ITS ALKALOID COCAINE. By Wm. R. Warner & Co.: Philadelphia.

The above mentioned Monograph on Coca comprises, in a few words, the most important and necessary information on this subject from all sources. Write to the publishers for a copy.

A GUIDE TO THE NEW PHARMACOPŒIA (1885), comprising an epitome of the changes and an account of the new preparations, their character, uses, doses, and modes of administration, together with a Therapeutical commentary, by Prosser James, M.D., Lecturer on Materia Medica, London Hospital, etc. London: J. & A. Churchill.

EPITOME OF SKIN DISEASES; being an abstract of a course of sixteen lectures delivered by Louis A. Duhring, M.D., of the University of Pennsylvania. Philadelphia: J. B. Lippincott & Co.

Births, Marriages and Deaths.

On the 15th of January, Dr. Thos. Hawkins, M.R.C.S., Eng., of Oxley, Ont., aged 78 years.

On the 15th ult., Dr. B. V. Harley, of Carlton, N.S., aged 79 years.

On the 14th ult., M. C. Macleod, M.D., of Economy, N. S. aged 37 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, APRIL, 1886. No. 8.

Original Communications.

SOME MEDICAL AND SURGICAL CASES IN LATE CAMPAIGN—NORTH-WEST REBELLION.*

BY A. J. HORSEY, M. D., OTTAWA, ONT.

Surgeon to the late Midland Battalion.

GENTLEMEN :—It was only a few days ago that I was made aware, that the duties usually performed by the President of this society, were were likely to fall upon me, the Vice-President ; which prediction unfortunately is verified to-day by the absence of Dr. Cranston, who has found it impossible to be here. I am not going to attempt to address you as he might have thought fit to do, but with your permission, will read a few notes upon some of the medical and surgical cases of the late campaign in the North-West, which came under my notice and care, while serving as surgeon to the late Midland Battalion. But let me first thank you for your great kindness in re-electing me during my absence, to the Vice-Presidency of this Society, a position of honor I feel myself only too incompetent to fill. I do not pretend for my paper scientific exactness, nor can I follow all of the cases about to be cited throughout their entire course, owing to the changeful, restless life of camp ; the sick and wounded being as quickly as possible removed to the base hospital at Saskatoon, where they, for a time, were lost sight of.

My first medical duty on my arrival at Kingston, the head-quarters of the Battalion, on the 1st of April, 1885, was a medical inspection of the men ; which I was requested not to make too searching, as the Battalion's numerical strength would not admit of much depletion. Fortunately there were very few men found unfit for service, no case in particular deserves sufficient medical importance to be dwelt upon here. Yet there were a variety of abnormalities and peculiarities in the nude upon which a small volume might be written, which were wholly lost to observation in the clothed state. While here (Kingston), some cases of indisposition, chiefly due to the generosity of parting friends, were brought under my notice ; making my first requisition on my medical stores for antacids and contrastimulants, which were found necessary to be continued for a day or two after starting, when whirling westward with all possible speed, over the C. P. R., towards the valley of the great Saskatchewan. When passing Lake Nipissing on the evening of our second day out, a case of delirium *a potu* manifested itself in one of the men of C. Company, and in the following startling manner : He had come into the car set apart for officers ; it was said to consult me, and stood in the passage some time without speaking, or otherwise attracting attention, till a crash of glass was heard, and a pair of legs were seen for an instant clearing the car window. He had sprung from where he stood, to the arm of the seat in front of me, and from it took a header through the double plate glass windows of the car, which were closed at the time. While the train, which had been bowling along at about thirty miles an hour, was being stopped and backed up, my assistant-surgeon and hospital-sergeant had the contents of the surgical panniers paraded in review order in the rear car, while I anxiously awaited the recovery of the deserter, speculating on the nature of the injuries such an occurrence might produce. Mental diagrams of the triangles of the neck passed before me, with the positions and relations of the parts about the subclavians marked with red and blue lines, with the best points to ligature. At least expecting an operation of this magnitude, with perhaps a double amputation of both lowers thrown in. But I was doomed to disappointment, for when we had reached the spot where he had struck the snow, and ricochetted two or three times along its surface, he made a final skip into the bush and disappeared. So instead of my taking off his two legs, his two legs took off him.

Passing the gaps my greatest acumen and skill were required in diagnosing between true and false prostration, of which there was a sudden increase since a bottle of genuine Spiritus vini Gallici, was seen to be used in the restoration of one who had

*Read before the Medico-Chirurgical Society, Ottawa.

fallen out by the way. I assure you the care and distribution of this remedy gave me more trouble than all the others, and I was not sorry when my hospital sergeant with the little keg was outflanked, and the last of it was captured from me near Fort Pitt. At Winnipeg, as we marched through the town, a stout fellow fell out of the ranks from an epileptic seizure, and was left in hospital there. Another was left at Munroe's Harbor with symptoms of pneumonia, and another invalided at Swift Current. From Clark's Crossing two were sent back to Saskatoon Hospital, one because of a scalded leg, the other on account of febrile symptoms. I mention these cases to show how few were left behind, out of a Battalion of nearly 400 men hurriedly mustered with scarcely any selection.

Towards the end of the railway journey, and during our camp at Swift Current, several similar cases of a mild form of ophthalmia arose; in which the conjunctiva of first one eye was inflamed, followed in about a week by the other taking on a similar condition, when the first affected organ gradually recovered its normal condition after another week, and the second a week later, so that the disease ran its course in both eyes in about three weeks. Both the orbital and tarsal mucous membranes conjunctival were much congested, there was little pain or intolerance of light, the disease giving less inconvenience to the possessor of it than appearances would lead one to suppose, many of the patients continuing to do duty throughout the attack. After seeing about a dozen cases, I became quite interested by its migratory character and watched for, and tried to prevent the affection of the second eye, but unsuccessfully. It was treated with astringents, opiates and goggles. I looked upon it as parasitic.

Several cases of rheumatism occurred on board the steamer Northcote, on her trip down the south branch of the Saskatchewan, from Saskatchewan Ferry to Clark's Crossing, a trip which took is twelve days instead of four as we had expected. It surprising that there was not more sickness, as the men were crowded into the hold of the steamer which was only deep enough to allow of the sitting posture, upon a loose open flooring, under which were several inches of foul bilge water; while they were subjected to occasional urinal irrigations, leaking through the deck from the horses above, which made its occupation disgusting in the extreme and intolerable.

After a day or two a move was made to the barges, which the Northcote towed on either side laden with fodder. By building walls of bags of oats, bales of hay and hard-tack, around their sides for protection from fire from the banks, and spreading tarpaulin between them at night, a tolerably comfortable pit was made. This tarpaulin was removed during the day, so that the sun and air might purify the pit, and the men be exposed to their healthful influence.

At Batoche a number of gunshot wounds in various parts of the body, came under my observation and care.

Case I.—Private B——, Midland Battalion, a strong, tall, athletic young man, who was the first to fall in the advance on the rifle pits at Batoche, on the 12th of May, 1885. Was struck in the left thigh, on its outer and posterior part, about three inches below the trocanter major; the ball passing inwards and forwards through the limb, emerging therefrom at its inner side, at the fold where thigh and scrotum meet; passing onwards through the scrotum, in which it made a ragged wound at its exit, tearing the tunica vaginalis, and causing hernia of the right testicle, the glandular structure of which was considerably lacerated. The wound in the thigh was probed to find clothing or other foreign matter, after which it was syringed with a weak solution of carbolic acid, and dressed with a weak compress of carbolized gauze dusted with iodoform, held in position by a spica bandage. The edges of the wound of the scrotum were pared and brought together by sutures, after the damaged testicle had been returned to take its chance of recovery. The next day the wounds were dressed and presented nothing unusual in appearence, excepting that the scrotum was considerably swollen and œdematous. On the second day after the injury, he was sent by steamer Northcote up the river Saskatchewan, to the base hospital at Saskatoon, where, according to a published account of the scrotum part of his injury, by Dr. Jas. Bell of Montreal, he passed through many dangerous sequences, including urinary infiltration and sloughing of a great portion of the scrotum—but finally recovered. The right testicle which had been so severely injured made good repair, and was well

covered by integument though diminished in size. He returned home with the column in July, being able to walk by the aid of a stick, complaining only of neuralgic pains of the left lower limb.

Case II.—Lieut. H——, of A. Company, Midland Battalion, of light build and nervous temperament, was, on the 12th May, at about the same place and time as private B——, struck with a rifle ball in the left chest—just beneath the clavicle at the junction of its middle and outer thirds—injuring its under surface and passing backwards and outwards behind the ciracoid process, lodged in the head of the humerus, from which it was removed under chloroform, by considerable leverage force after its position had been ascertained, first by probing with a Nelaton's probe and secondly by the finger, which was passed through the wound after enlarging it. Several pieces of clothing were also removed, likewise a splinter of wood about ¾ of an inch in length, being a longitudinal section of a small branch of a tree which had doubtless been carried before the bullet, as he was in a wooded ravine when hit. The wound was syringed with a weak solution of carbolic acid and water, to free it from any remaining foreign matter, and a pleget of carbolized gauze dusted with iodoform applied to the wound, by means of a figure-of-eight bandage, and the arm placed in a sling. This patient was also sent to hospital at Saskatoon, at the same time and in the same manner as the former one. The shock in this case was severe, and his delicate, nervous organization and apprehensiveness of danger, greatly retarded his recovery. While in hospital several spiculæ of bone from the under surface of the clavicle came away, and on meeting him in July about two months after the injury, the wound had not quite healed, and roughened bone could still be felt at the lower border of the clavicle. He carried the arm in a sling—the limb was much atrophied, especially about the shoulder when compared with the right, which was hardly a fair comparison. Two cases also recovered of bullet wounds of the fleshy part of the arm about its middle, without injury to bone or vessels, and one of the calf of the leg. In each case the danger was lessened and trouble saved both patient and surgeon, on account of the balls having passed completely through. These required simply dressing with compress and bandage. These cases were also sent off by steamer Northcote to Saskatoon—the patient with the wound of the calf of the leg suffering considerable surgical fever. They all returned home with the expedition, little damage resulting from their wounds.

Case VI.—Was a very severe gunshot wound of the hand, the ball entering the ulnar side of it at its hypothenar eminence, and passing deeply and obliquely across the palm, in front of the metacarpal bones, emerging on its radial border opposite the first phalanx of the thumb, in which it caused a compound fracture of that bone, a portion of which was removed by the bone forceps. This injury dressed as the others, was followed by more than ordinary shock, and at Saskatoon gave much fear lest amputation should have to be performed, so great was the inflammation and disorganization of the deeper structures; amputation, however, was not found necessary. I have not received any reliable information of the case of late, but believe it to be doing well.

Case VII.—Lieut.-Col. W——, æt. 48, of excitable, nervous temperament, excellent physique and of temperate habits; looking younger than his years would indicate; had enjoyed unexceptional health and vigor throughout the campaign until the morning of the 26th of June, when he complained of feeling "out of sorts," chilliness, and having pains in his legs and thighs.

Two powders containing gr. xx each of quinine were given, one immediately, the other at bedtime when a stimulant was likewise administered. Next morning, Friday, June 25th, he expressed himself as feeling better, but still complained of muscular pains in his lower extremities: was given six powders of gr. v. each, of Pot. iodidi, to be taken at four hour intervals.

Saturday, June 27th.—He felt still better, ate his food and went about his duties with little less energy than usual.

Sunday, June 28th.—Attended church parade at 10 o'clock a.m., but seemed a little irritable and not in his usual spirits and form, complaining after service of the heat of the sun (which was excessive), and fatigue of standing so long in it; he kept closer than usual to his tent during the remainder of the day, and turned into his blankets early. At 10 o'clock p. m., he was given a stimulant to compose him for sleep, as he was wakeful the night before.

Monday, June 29th.—Still feeling unwell, but

did not complain of any part or organ in particular—still going about.

Tuesday, June 30th.—Complained of chilliness, stiffness in his legs and muscular pains, spoke of the advisability of going on board the steamer North West to sleep, which I approved of, consequently he went, walking nearly a mile. He was given two pil. cath. co. and a febrifuge mixture, the pills operating freely twice.

Wednesday, July 1st.—At 6.30 o'clock a.m. he sent for me, but as I was on parade, Dr. Gravelly saw him instead; and prescribed quinine and Dover powder.

At about 8 o'clock I saw him; he seemed much worse to-day, complained of head-ache, and was slightly delirious, tongue furred, restless, and sleepless; his pupils were normal, pulse 90, temp. 101½. Applied cold to his head by means of a coil of rubber tubing.

At 11 am.. Dr. Pennifather saw him in consultation, when it was agreed to give him gr. xx. am. bromidi every 4 hours, in addition to the febrifuge already given and pil. cath co. which he received; temperature 101½, pulse 84. During the day he was delirious, but could, when spoken to, compose himself and answer questions rationally, but would soon relapse into a stupid state; pupils normal, urine secreted naturally and in good quantity, of a dark color.

Thursday, July 2nd.—Morning temp. 102—night 102½, tongue brown and dry, passed a restless night. Complains of paroxysmal pains at the top of head, had lateral deviation of eyes towards the right, had a bad day. Was seen by Dr. Pennifather to-day, and constantly by myself.

Friday, July 3rd.—Had a restless and delirious night, pulse 90, temp. 102; am. brom. with T. hyoscyami were given, ice to head continued from the first application, also sponging the body freely, takes beef tea and condensed milk in fair quantities; given at bed-time chloral hydratis, gr. xx. repeated three times at hour intervals, giving rest and some sleep. Morning, condition unimproved; Drs. Gravelly, Whiteford, Parry and Ryerson saw him in consultation, and agreed that his symptoms were those of typhoid fever with marked head symptoms, and suggested nothing new as to treatment; throughout the day continued much the same, took some food. In the evening coma increased, and he appeared to be sinking, skin freely perspiring, alcoholic stimulants given, and icing and sponging the body more vigorously applied, as temperature had risen to 104°; urine drawn off and stimulant injections given, he continually grew worse till 9.15 o'clock Saturday morning, July 4th, when death took place.

REMARKS.—Taking a retrospective view of the case, the symptoms are not those of typical typhoid fever, though experience teaches how protean its course may be. The slowness of the onset of the disease—the malaise, aching limbs, etc., the earlier temperature, appearance of the tongue, and delirium—are suggestive of it. The pulse was slow for typhoid; the disproportion between the pulse and temperature on the one hand, and the delirium, was exceedingly great. The evening temp. was lower than the morning; there was absence of vomiting and pupillary changes, which, with the slow beginning, would go against acute meningitis. There was slight lateral deviation of both eyes towards the right on the seventh day after relief was sought, and about the same time a strange symptom showed itself in exquisite pain in the right great toe—which was not swollen or discolored, but when touched by the bed-clothes or otherwise pressed upon, would cause him to wince even when in a comatose condition—which doubtless was reflex. Whatever the nature of the first cause of the disease, there is little room for doubt that meningitis ensued, which, with its effusion, was the immediate cause of death.

This is strengthened by the family history, which is strongly neurotic.

Had the disease terminated less suddenly, more evidence would have been forthcoming and have put the diagnosis beyond a doubt, But even this is not without its weight in the question.

I feel how very incomplete my narration of the foregoing cases is and regret that it is so, but under the circumstances is unavoidable. I do not know any special lesson that they teach, unless it be that the unexceptional termination of them in recovery, as well as nearly all other wounds of the campaign, would tend to show that the healing of wounds is chiefly due to causes within the body—not to that which is applied externally as dressing—though these are by no means unimportant. Though antiseptics were used in the dressing of

these wounds, it was necessarily in a very imperfect manner—in the open air, within the zareba, amidst clouds of dust, dirt, and animal excretions of all sorts—yet we see the results.

The men were in the most perfect health at the time their wounds were received, having lived in the open air for several weeks before, with plenty of exercise, a simple diet, without stronger stimulant than tea. Looking back over the whole campaign, that which impresses me most is its wonderful healthfulness and extremely low mortality. I doubt not that it would have been as great if the same men had followed their usual occupations at home. And when the reasons for such wonderful salubrity are sought, the greatest factor without doubt will be found to be—not only in the clear, bright, dry atmosphere of the Great Lone Land, which has never been too highly spoken of—but to the fact that we were constantly in it by day and by night, breathing without stint its health-giving properties. From my experience of open-air life and that of dwellings generally and sick rooms in particular, the hygienic importance of pure free air and light do not, I feel, receive their full value—either from the profession or the public—notwithstanding all that has been written and spoken about them.

NOTES OF A CASE OF DUODENAL PERFORATION.

BY M. DAVISON, M.D., FLORENCE, ONT.

Albert K——, æt. 40, farmer, unmarried, of regular and temperate habits, had for years complained of what was termed dyspepsia, and consulted my physicians without permanent benefit. At times he would be free from stomach troubles, again without any known cause his disease would return. Was nearly always able to work, but suffered frequently from pain in the stomach, from three to five hours after meals. He was then obliged to eat something, which generally relieved the distress.

About 6 p.m. December 5th, 1885, was suddenly and violently attacked with intense pain about the region of the stomach. I saw him within half an hour, and found him unable to sit or stand still, and groaning loudly from the intensity of the pain, which now radiated without intermission in every direction from the stomach. Pulse and temperature normal; no tenderness; pressure well borne; no vomiting. Applied hot fomentations, sinapisms, turpentine, etc., and administered one-quarter grain of morphia every fifteen minutes for two hours, without relief. Continued the morphia in less frequent doses, and gave chloroform by inhalation during the remainder of the night. Suspected perforating ulcer of stomach. December 6th, pain less violent; pulse and temperature normal; tongue slightly coated; no appetite; continued morphia and fomentations. About 7 p.m. had a chill, followed by all the symptoms of extensive peritonitis, pain more general, and very intense. Again administered chloroform, and added Tr. aconite rad. in ♏ ii. doses. Confined patient to liquid nourishment.

Dec. 7th.—Pulse 120; temperature 103°. All the symptoms of acute general peritonitis. Gave morphia in large and frequent doses. Dr. Duncan of Thamesville called in consultation, who concurred in diagnosis of perforation, and in treatment, which was continued.

Dec. 8th.—Pulse irregular and rapid; temperature 100°; delirium; cold perspiration; extreme prostration; condition of partial collapse; stimulants by skin and stomach *ad lib.*

Dec. 9th.—Collapse not quite so great; pulse weak, irregular and fluttering; faintness, perspiration, temperature 100°. Gave morphia, and Tr. digitalis, with milk and whiskey *ad lib.*

Dec. 10.—Slight improvement in heart's action; tympanitis abating; pain not so severe; took more liquid nourishment, with stimulants; slight jaundice beginning to appear in conjunctiva and skin.

Dec. 12th.—Gradual improvement in all the symptoms; tympanitis nearly gone; some fluctuation from serum; bowels moved for the first time since attack. First motions feculent, followed by very large quantities of dark blood of tarry consistence and color.

Dec. 15th.—Still slowly improving; dark blood continued passing frequently till to-day, when fresh blood appeared in moderate quantity; troubled with hiccough; appetite improving; dietary confined as far as possible to liquids, although some solid food was given by the friends at times. Continued morphia and digitalis, in less frequent doses; kidneys acting well; urine healthy; moderate fluctuation.

Dec. 20th.--Temperature 99°; pulse 80 to 100°; tongue clean; tenderness of abdomen nearly gone; gaining strength; takes plenty of liquid nourishment. Fluctuation not so apparent; some hardness felt in abdomen on pressure, especially marked about the region of bladder; passed catheter, hardness remains.

Dec. 25th.--Continued to improve till this evening. Had a slight chill; pulse and temperature elevated; more pain; depression. Symptoms continued to grow gradually worse till 1 a.m. December 31st, when he died.

POST MORTEM—Seventeen hours after death. Assisted by Drs. Campbell of Florence, Pickard of Thamesville, and Mr. Charters, a medical student. Peritoneum dark-red, thickened, with many adhesions. Omentum dark-red, attached to abdominal walls, intestines, etc., in many places. Intestines bound together by numerous bands and adhesions. Briefly we found all the evidences of past, universal peritonitis. Small quantity of serum mixed with pus in abdomen, and large quantities of pus scattered throughout the interstices of the intestines. Stomach and duodenum empty. No ulceration of stomach proper, so far as could be seen by a moderately careful examination. Duodenum perforated on its right anterior aspect about one inch below the pyloric orifice; opening about the size of a ten cent piece, first finger would slip through quite easily. Walls of duodenum thinned for an inch or more surrounding perforation, and darkened by pigmentary deposit. About three inches of that portion of the liver adjacent to duodenum was of a dark red color and softened by inflammation, rest of liver healthy. The other abdominal viscera were apparently in a healthy condition. So far as I am aware, perforation of the duodenum is not a common occurrence. If it were, this case would be remarkable from the early subsidence of the peritonitis, the gradual but marked improvement in all the symptoms, for nearly three weeks, and the length of time which elapsed before death. Dr. Reeves of London, Eng., says "this is a very rare lesion, only one case has fallen under my own observation, and not more than nineteen have been recorded." In sixteen of these cases, in which he has recorded the time life was prolonged, only two exceeded twenty-six hours, one patient survived forty-four hours, and the other ninety hours Dr. Habershon, in his article on the duodenum, gives but one instance of perforation from primary disease.

That the ulcer had been chronic cannot be doubted, both from the history of the case, and from the marked pigmentary deposit found in the thin and ulcerated portion of the duodenum in the vicinity of the circular opening.

This patient had for more than ten years complained more or less of pain or distress some hours after meals, which was generally alleviated by taking food. This would seem to indicate that when the contents of the stomach passed into the duodenum it caused uneasiness or distress. Why food taken into the stomach relieved it, is not so clear. He had often been relieved by taking a teaspoonful of sodæ bicarb,. and possibly the excess of acid in the gastric juice may have passed into the duodenum and irritated the ulcer, and food which absorbed, or soda which neutralized it, would thus give relief. The ulcer being in the first portion of the duodenum would naturally react on the stomach, as that portion of the duodenum is supplied by branches of the same nerves and bloodvessels as the stomach. This would account for the various dyspeptic symptoms so long complained of. No blood was vomited, nor was there any great irritability of the stomach at any time after the perforation. After the subsidence of the peritonitis, hiccough was very troublesome for a few days, which was not allayed by any of the remedies administered, although two other medical men of experience were called in for the purpose. These gentlemen were strongly of opinion that there could have been no perforation, on account of the improved condition of the patient, and I began to hope that the perforation had been very minute, and was closed with lymph, and to entertain some hope of his ultimate recovery.

The early subsidence of the peritonitis was in all probability chiefly owing to the excessive hemorrhage from either the pyloric branch of the gastric or the pancreatico-duodenalis artery—probably the latter, which would be below the opening, and consequently the blood would be carried downward into the bowels, as very little blood was found in the abdominal cavity. The collapse on the third and fourth days was evidently due to loss of blood, as his recovery from it could be accounted for in no other way.

Now that the abdominal cavity, during life, is

not the *terra incognita* which it once was, it naturally occurs to us, from this and similar cases, that surgical interference might afford a probable prospect of saving life, were it resorted to prior to inflammation, and even a possible prospect after. Were the abdomen opened, foreign matter removed, and the perforation closed by suture, there would certainly be a hope of recovery, and without some such operation there can be none. Again, were we able from more careful attention to the symptoms, to diagnose ulceration of the duodenum, there is every probability that it might be remedied by treatment similar to that prescribed for ulceration of the stomach, especially by long continued and careful regulation of the diet. We know that ulceration of the stomach is quite common, and is often cured before perforation, even after repeated attacks of excessive hemorrhage have occurred. It is more than probable that ulceration of the duodenum occurs more frequently than is suspected or diagnosed, and gets well spontaneously, or is benefited by the treatment prescribed for that nosological blunder, dyspepsia, which, like charity, hides a multitude of sins.

PUERPERAL ECLAMPSIA TREATED BY PILOCARPINE, AND SUBSEQUENTLY BY MORPHINE AND POTAS. BROMID. HYPODERMICALLY.*

BY J. CAMPBELL, M.D., C.M., L.R.C.P., EDIN., SEAFORTH, ONT.

Was called at 1 o'clock a.m., on November 10th, 1875, to attend a young married woman in her first confinement, who was taken with severe pains, but not supposed to be those of labor, unless it was a miscarriage, as she had not come to her full time. Reached the house at 2 a.m., and recognized the pains as those of labor.

Made an examination, and found the head presenting and the labor well advanced. The case progressed rapidly without any bad symptoms, and shortly before 6 a.m. she was safely delivered of a female child, evidently somewhat before the right time. After the delivery of the child the placenta was found in the vagina, and of course was delivered without any trouble. Waited a full hour and no bad symptoms supervening, left for home. We might say that there were no bad symptoms, such as swelling of the legs, œdema of the eyelids, dimness of vision, or anything to lead me to suppose that there would be any subsequent trouble.

When we reached Seaforth, found a telegram waiting, asking me to go back immediately, which I did. Found she had taken a severe convulsion at 8 o'clock. Reached the house at 9 to find her in another, which was very violent, and of the epileptiform variety. After this fit she remained in a comatose state. Injected gr. ¼ of pilocarpine under the skin; gave an enema which, however, came away; put a drop of ol. croton. in ol. ricini on the tongue, but she could not swallow; put cold cloths to the head, mustard to the feet, a hot linseed meal poultice to the back; admitted plenty of fresh air into the room, kept all out but the nurse, and sat and watched the case. Repeated the injections of pilocarpine at intervals of half an hour, until diaphoresis and salivation were produced. The temperature continued about 102°; respiration 40; tested the urine and found it nearly solid with albumen. At 11.30 she took another severe convulsion, but not quite as prolonged as the one at 8 o'clock. Gave chloroform to mitigate the attack, for though we had faith in the pilocarpine, we resolved to aid it by auxiliary remedies. The pupils were at first dilated, but contracted under the influence of the pilocarpine. The temperature fell under the influence of the drug. She took the third convulsion at 11.30, when we used the anæsthetic as before. The friends asked me the question, "Is there any danger?" I replied, "There is always danger in such cases." They proposed that Dr. Smith, of Seaforth, be called in, to which I assented, going on with the pilocarpine treatment in the meantime, and testing the urine at intervals as before, which I was enabled to do particularly, having one of Wyeth's Cabinets along with me.

Our patient took the fourth convulsion at 2 p.m., which was hardly as pronounced as the previous one. Dr. Smith arrived in time to see her take the fifth, which was at 5.30. The Dr. approved of the treatment, and we both resolved to stick to our patient and see her through her trouble. We tested the urine and found that the albumen was gradually but surely diminishing. At 4 p.m. the pulse was still 130, and the temp. 101°; the pupils being now considerably dilated, and the patient

*Read before the Huron Med. Association, Jan. 12th, '86.

quite comatose. Later on in the evening she could be aroused to consciousness, and at one time gave a hopeful sign by opening her eyes, speaking to and recognizing her friends. Examination of the urine at this time showed that *two-thirds* of it was albumen. We may state that she vomited freely several times during the afternoon. In consultation we discussed venesection, but the pulse remaining small and rapid, we decided against it. Gave an enema of ʒi. chloral hydrat. in solution, which was immediately rejected. Sweating and salivation still continued profusely and was kept up by repeated doses of the pilocarpine, as we both looked upon this drug as our sheet anchor, and the termination of the case proves that we were not disappointed, as to this remedy no doubt the patient owes her life. The salivation and diaphoresis were prompt and continuous, and began in each case in about fifteen minutes after each dose, and no doubt was aided by the hot applications which have already been mentioned. There were not in this case any of those alarming symptoms which are said to arise from the use of pilocarpine, such as threatened suffocation from the amount of bronchial secretion, etc.

At 6 p.m. the alarming symptoms having all passed away, the pupils being dilated, and the albumen having diminished greatly, we administered hypodermically gr. ¼ of morph. sulph. and subsequently gave ʒi. of potas. bromid. in ʒij. of water which was retained. Shortly after this she passed into a quiet sleep lasting over an hour, during which time she perspired profusely. Between 8 and 9 o'clock we made another examination of the urine and found that albumen was scarcely *one-half* of what it had been at the previous examination. The respirations at 9 p.m. were reduced to 24, and the pulse to 100 per minute. We looked upon all the symptoms as most hopeful, and as there were no indications of returning convulsions we left her for the night.

The sequel will show that our most sanguine expectations in this respect were fully realized. Visited her next day, and put her upon a diuretic mixture; found the albumen very much diminished, and all the symptoms very much improved. Saw her again on the 12th, and likewise on the 13th, when I discontinued my visits, as the albumen had almost entirely disappeared and the patient was doing well in every respect. The milk was secreted at the usual time, and both mother and child made an excellent recovery.

REMARKS.—I. We believe the principal, if not the only cause of the albuminuria in this case was tight lacing, which was resorted to for obvious reasons. The gravid uterus would be pressed back upon the renal veins, abdominal aorta, or even up above on the ureters themselves, with the result stated.

II. The foregoing being the predisposing cause, we believe mental emotion to be the exciting cause, as she was shocked at the idea of having a child before she had been married the usual orthodox time, and when she was pronounced to be in labor, she never spoke nor uttered a cry during all the time she was in pain, nor smiled when a child was presented to her.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In your able and exhaustive article on the Treatment of Pneumonia, in the February number of the LANCET, I notice what must certainly be an accidental omission. It is this, that in the absence of venesection in any case, it not being advisable, depletion of the blood must be brought about by *free purgation*. In order to be of vital benefit it must be free, and as early in the disease as possible, at least within the first forty-eight hours; in order to prevent that engorgement of the lung, from which mischief arises to the lung, a remedy must be used which is sure, and especially in the country, where we can often not see our patients more than once in the twenty-four or even forty-eight hours. There must be no chance work, as otherwise much time is lost and lives lost. Not only on this account must the remedy be sure and powerful, but also from the fact, which all of us know by experience, that patients during the initial stage are very costive and mild purgatives have no effect. If this be essential, what should we use? My plan lately tried on adults, and from which no evil results have thus far followed, is to give one or even two drops or croton oil in ʒi of castor oil, repeated if needed in three or four hours -one dose however often produces from three to five watery stools, and much improvement in patient's condition as to pain, headache, etc., follows.

It is through paying proper attention to such, what

may seem trivial matters in treatment, that patients often have a better chance in one than another physician's hands, and here we have what pathology would certainly encourage as safe, and practice will substantiate equally as well. At least custom favors us to adopt remedies in this as well as other diseases which, to say the least, are doubtful in effect, yet still adopted because authority dictates so. For example how many of us have tried quinine in large doses to reduce the temperature, only to fail, but try again in our next case because we have no other resource or better remedy.

As the object of your article is no doubt to arouse interest and even discussion, from our common source of practical experience, you will pardon my sending you these thoughts.

Yours truly,

G. SCHMIDT, M.B.

New Hamburgh, Feb. 24th, 1886.

To the Editor of the CANADA LANCET.

SIR,—In your issue for March, in an article entitled "American Health Association," you say—"We have reason to know that the present Central Board will send delegates, and also that the Provinces of New Brunswick, Nova Scotia, and Prince Edward Island will send their fair share." Now, as the subject has never been brought before the medical profession of Nova Scotia, may I be permitted to enquire what reason you have for knowing that the meeting will be represented by delegates from this Province?

Yours, etc.,

Halifax, N.S., March 9, 1886. M.D.

[In reply to the above we would say that Dr. Theodore Covernton, chief of the staff of Inspectors for Ontario, visited the Maritime Provinces in January last, and met as many of the medical men in St. John, Halifax, and other places as it was convenient for him to do. He brought the matter referred to under their notice and urged the advisability of sending delegates to the American Public Health Association, to be held in Toronto in October next, and from expressions of gentlemen present at these meetings, and also from members of the respective governments, he had reason to hope that delegates would be appointed either by the respective Governments or by medical societies.—ED. LANCET].

2

Reports of Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The regular meeting of this society was held on the evening of the 19th February, Dr. Roddick in the chair. Dr. Ross shewed an interesting specimen of stricture of the œsophagus, due to malignant disease. Though the stenosis was most marked, he upon two occasions passed the largest sized œsophageal bougie ($\frac{3}{4}$ in.) down the whole length with difficulty. P. M.—A large abscess of the left lung was found, and into this cavity the bougie had doubtless entered. The constriction of œsophagus barely allowed a No. 1 bougie to pass. A remarkable feature was the absence of any aperture larger than a crowquill, leading to the lung cavity.

Dr. Johnston exhibited a rare specimen of malignant disease of the spleen in a dog; weight, 4lbs.

Dr. Gordon exhibited a dermoid cyst of the ovary, containing hair, bone, teeth, and contents which solidified when exposed to the air; also the ovaries removed for a bleeding myoma. Both patients were doing well.

Dr. Roddick shewed a calculus, weight, two oz., two drachms, removed successfully by the lateral operation.

Dr. Trenholme exhibited a uterine fibroid, removed with uterus on 8th inst.; the growth is of a trefoil appearance, the larger growth being on the right side of the uterus. Uterus also shared in the growth, its depth being 6 in. The whole mass (5lbs.) was firmly fixed in cavity of pelvis, and raised up out of it with much difficulty. Uterus was divided about an inch from external os, and the tumor on right side sliced off at its lower part in doing so. There was a good deal of oozing, and many ligatures were applied, and finally the edges of incision brought together with a running suture. Had proposed removing ovaries and tubes, but this was found impracticable. Patient showed lack of vitality, and nearly died on the table. After operation she came out of the ether well, but did not rally satisfactorily, although 5 hours after the operation she said she felt better, no pain, was very tired—heart's action very feeble—7 hours after operation she died from shock. This patient had suffered for the last 16 years, but

it was only for the past 5 years she was aware of the growth. Suffered most at menstrual period, and these sufferings constantly got worse. About 4 weeks ago she nearly died. This last illness determined her to seek relief, and she was sent to Dr. Trenholme. Dr. Trenholme also said that with reference to the ovaries and tubes removed from two patients, and exhibited to the Society at its last meeting, and about the history of which further information was sought, that both of these cases were recovering, and that in one case where convulsions occurred at each menstrual period, and replaced the flow, he had found upon further enquiry that the fits were epileptic. The patient would bite her tongue, and the only way to prevent this was to place some hard substance between her teeth. The attacks were preceded by an aura—a numbness and tingling in left side, leg and arm, which, when it reached the head was followed by the convulsions. This patient though she has several times felt premonitions of the fit, as yet has not had a convulsion. Hereafter I hope to give a further report concerning this case.

Dr. Fenwick gave a short paper on 8 cases of cancer of the rectum. In the greater number of these cases the disease was chiefly in the anterior wall. Dr. Fenwick said that excision of the gut had been of benefit in all the cases, and in some had given years of relief.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular meeting of this Society was held on the 20th of February.

After routine business, Drs. McCargow and F. E. Woolverton were appointed pathologists to the City Hospital.

Dr. H. S. Griffin showed a case of a young man from whose knee he had removed a loose cartilage. Had felt pain in right knee from childhood. Had never had rheumatism or sickness of any kind.

The body was freely movable and difficult to retain in any one position: about the size of a hickory nut. On December 20th the cartilage was removed by making a straight incision on inner side of knee; under the spray. No difficulty was experienced. The wound was dressed antiseptically, and dressing not removed until the seventh day, when the stitches were taken out. The wound healed by first intention. No bad symptoms occurred. Use of knee is perfect and painless. The body removed was of a rounded outline about $\frac{3}{4}$ of an inch, in diameter, and calcareous on one side.

Dr. McCargow presented a case of contracted lung. The case was one of peculiar interest, on account of the complete contraction of the left lung. The patient, aged 74, was brought to the city hospital and placed under the care of Dr. H. S. Griffin. There was complete dullness over the left side of the chest. The patient was in a dying condition. His previous history could not be obtained. The post-mortem notes taken by Dr. F. E. Wolverton: Body well nourished; slight œdema of upper and lower extremities; *rigor mortis* well marked. On making the usual incision a considerable amount (about four pints) of dark bloody fluid escaped, principally from the left pleural cavity. Lung contracted to a mere band, and very thick and tenacious, the fluid filling the remainder of the cavity on the left side of the chest; weight of lung, $9\frac{3}{4}$ ounces; sank in water. Pleural surface studded with hard, white bodies; costal pleura thickened and studded with tubercular deposits in upper part, in a purulent state. Right lung was adherent to a considerable extent, and there was some fluid in the pleural cavity—about $1\frac{1}{2}$ pints. Lung crepitant. Weight 29 ounces. Respiration was carried on entirely by the right lung. Weight of heart $10\frac{1}{4}$ ounces; aortic valves competent, 3 ounces of fluid in percardium, of a similar nature to the fluid in the pleura. Liver weighed 3 pounds $5\frac{3}{4}$ ounces, nutmeg appearance and very soft. Kidneys: Right had three large cysts on surface—pelvis fatty; left had a large cyst at lower end and several in the substance—pelvis also fatty.

Dr. McCargow presented a case which came into the Hamilton Hospital, December 20th, with acute periostitis of the right humerus.

History.—Complains of pain and tenderness on inner side of right arm. January 4th, says his right wrist pains him when moved; arm red and very painful from elbow to shoulder. He felt a pain in the spine of the scapula last summer; arm first became enlarged in October last, when he felt a constant burning pain in his arm, attended with much swelling. About three weeks ago his arm was lanced, when a large quantity of pus escaped.

On admission to the hospital a small hole was seen about the middle of the humerus. Pressure on shoulder and under part of arm caused the discharge of a considerably quantity of clear serous fluid. On the evening of the 1st of January a second sinus opened about half an inch above the first, which discharged a quantity of pus mixed with serous fluid. On probing, rough bone was felt at upper end of humerus.

Selected Articles.

THE TREATMENT OF CHRONIC RHEUMATISM.

Dr. J. C. Peters, in a paper read before the N. Y. Academy of Medicine, and published in *Med. Record*, said :—Almost all rheumatisms are connected with an excessively acid condition of many of the secretions and excretions, including the saliva, perspiration, and urine ; even the chyme and blood are less alkaline than they should be. Next is the excessive preponderance of fibrin in the blood, and the great and early destruction of red blood-globules.

Alkalies form the natural basis of the treatment of almost all rheumatisms, and the first question which arises is whether the potash or soda salts shall be used, or both. As the phosphates and potash salts naturally predominate in the red corpuscles and in the formed tissues, while the chlorides and soda salts are most abundant in the serum and plasma, and in all the infiltrating fluids of all the organs of the body, both potash and soda may have to be used ; and they will so aid and compensate each other that neither will have to be given in excess. In chronic rheumatisms Dr. Peters preferred the milder and more tonic soda and potash salts, such as the phosphate of soda, etc. This is a good and mild laxative when purgatives are required ; it also lessens the acidity of the mouth, stomach and bowels, which is apt to be present, renders the contents of the thoracic duct and the blood more alkaline, and makes the urine and perspiration alkaline. It also lessens the quantity of fibrin in the blood. It is a cooling and slightly antipyretic remedy, and may be used in strong or saturated solution as a local application to chronically swelled joints. In chronic arthritic rheumatism Charcot prefers the carbonate of soda, of which he gives from seven to ten drachms a day, even to old and feeble women, and says he has never seen anæmia or any dissolution of the blood caused by it ; on the contrary, his patients even grew stouter and stronger, possibly from the better digestion of sugar, starch and fat which is caused by this and other alkalies. It also aids in the destruction of an excess of fibrin in the blood, and helps the liver in its great work of destroying fibrin.

Phosphate of soda is a gentle and pleasant remedy, which may be given in about the way that citrate of potash and Rochelle salts are usually given ; the latter in half or one ounce doses when laxation is required, and either in one or two drachm doses when their alkaline effects are more desired. It neutralizes all acids, even that which is abnormally present low down in the large bowels, and moderates the excessive acidity of the normal acid phosphate of soda in the urine, and then helps to keep the uric acid and the other urates in solution.

But potash is the natural alkali of the red blood-globules, of the muscles, fibres, and all other formed and solid tissues ; and citrate of potash, and even Rochelle salts, which is a tartrate of soda and potash, may reach not only the serum of the blood, but the blood-globules and the parenchymatous structures, when rheumatism is firmly lodged in the latter.

Benzoate of soda is another non-depressing soda salt, although it is somewhat antipyretic when given in large doses. It is a solvent of uric acid, increases the elimination of urates in rheumatic lithiasis, and seems not only to convert uric acid into hippuric, but also to liberate a portion of the products of disassimilation in the form of soluble hippuric acid instead of insoluble uric. In delicate and sensitive patients benzoate of soda may be given with aromatic spirits of ammonia, thus :

℞—Sodii benzoatis, ... ʒ vj.
Spts. ammon. aromat., . . . ʒ vj.
Spts. myristicæ, ... ʒ vi.
Spts. chloroformi, ... ʒ ij.
Spts. gaultheria, ... ad. ℥ vj.—M.
Sig.—ʒ j. to ʒ ij. in water.

The hippurate of soda has been suggested lately in doses of five to thirty grains. It tends to produce soluble urates. A favorite prescription with Granville is :

℞—Sodii hippuratis, ... ʒ ij.
Glycerini, ... ʒ vj.
Aq. cinnamomi, ... ad. ℥ vj.
Sig.—ʒ ij. to ʒ viii, three times a day.

The tauro-cholate of soda also holds uric acid in solution, and is said to render the stools characteristically rich in bile without causing purging. The usual dose is three to six grains, and it is said to be most useful in obese rheumatic patients, in whom the excess of fat slowly melts away. It is doubtful whether it is more useful than purified ox-gall.

The salicylate of soda is only useful in the acute aggravations of chronic rheumatism. It does not destroy the rheumatic element in the blood.

Valerianate of soda is declared by Granville to be very useful in weak and very sensitive patients. He even thinks its therapeutic value is decidedly greater than that of most of the other salts of soda. It relieves the nervous trouble and hyperæsthesia of rheumatism and gout quite effectively, and he cannot help thinking that it also promotes the activity of the absorbents, thus tending to remove congestion, exudation, and even thickening and hardening about rheumatic joints. Usual dose, one to five grains.

It may be assumed that all the good that can be got out of soda will be obtained by these preparations. Charcot always gives quinine, also, when he uses soda or potash in large and long continued doses. Others prefer salicine as an anti-rheumatic tonic. Both prevent the excessive formation of uric acid. But the tartrate of potash and iron is the best tonic against the anæmia and debility of chronic rheumatism. It is pleasanter and better than the muriate tincture.

But, as before said, the soda salts only reach the liver and pancreas, the intestinal juices, the chyle and serum of the blood. They do not penetrate into the interior of the red blood-globules, nor into the parenchyma of the muscles and fibrous tissues, which the potash salts do. The acetate of potash, quickly supported by iron, is a most valuable remedy in subacute rheumatism, and especially in those forms which are liable to frequent acute exacerbations.

But citrate of potash is a much more pleasant and less depressing remedy in very chronic cases.

There are, pathologically, two great varieties of chronic rheumatic joint disease: 1, the fibrous; 2, the dendritic. In the fibrous form the tendency of all the exudations is fibrogenous. The inflammatory products or thickenings, instead of remaining in the soft and gelatinous stage of fungoid granulation, become firm and tough. The new cells are converted into fibres, and these harden and contract; even the inner surface of the synovial membrane is made hard. The normal dendritic growths of the villi are conspicuously absent, and in place of them are thick folds of fibrous tissue. The synovial membrane itself is infiltrated with fibrinous substance, composed entirely of fibre-cells, both fusiform and oval; only a few round cells are to be seen.

The favorite remedy for this state is the muriate of ammonia, administered as freely as iodide of potash is often given. If fears are entertained that it will prove too debilitating, it may be aided by aromatic spirits of ammonia, or by quinine, or Huxam's tincture of bark; although Granville prefers the tincture of serpentaria, which he thinks has a specific effect. The muriate tincture of iron should not be forgotten.

Muriate of ammonia is a solvent and liquefacient remedy which tends to render all the secretions more abundant, while at the same time it reduces the plasticity of the blood and destroys fibrin.

It acts upon the kidneys, and if long continued will cause emaciation, commencing first with absorption of fats and then of soft fibrin. It is used both internally and locally against fibrous thickening of the ligaments and tendons about rheumatic joints. Some go so far as to think it almost specific against all cirrhotic affections of the connective tissues. In chronic rheumatic synovitis it is said to break down all the exudations into a thin mucoid substance, which is finally absorbed. It also has a powerful effect on the formation of urea; it is not only converted into urea, but helps to break down uric acid into urea, and aids in the excretion of both. It is also supposed to be really useful in so-called rheumatic neuralgias, when the fibrous sheaths of the nerves are involved. The dose is from five to fifteen grains, up to one hundred and fifty grains a day.

Its great rival is corrosive sublimate, which may be given in doses of one-twenty-fourth to one-sixteenth or more of a grain, in Huxham's tincture of bark, or in the tincture of serpentaria.

The next great variety of chronic rheumatic arthritis, or synovitis, is the dendritic, in which the folds or fringes of the synovial membrane are greatly developed, so as to nearly resemble papillomata. For this sabina has been suggested, especially when it occurs in females at the menopause, or where there is decided uterine derangement. Sabina once had a great repute, which was not undeserved, in chronic rheumatism and gout, for which it was employed both internally and locally to the affected joints.

Pulsatilla is a remedy which is supposed to act specifically upon almost all the mucous and synovial membranes, especially those of the small joints, and has a well-assured reputation in chronic rheumatism. It is most useful in subacute and chronic arthritic rheumatism when there is little or no fever; also in what is called rheumatic gout in females, with catarrhal and rheumatic disorders of menstruation.

But next to carbonate of soda, Charcot prefers iodine to the muriate of ammonia and sabina; not iodide of potash, but tincture of iodine, in doses steadily increased from eight to ten drops in twenty-four hours, up to thirty to sixty drops. He gives it during meals in water slightly sweetened, or in a glass of Spanish wine, which he says is better. He continues it for several weeks, or even months, and says it never gives rise to symptoms of iodine poisoning. Probably its effects are largely counteracted by the starch in the food. Granville also thinks iodine the most potent and suitable medicine to decompose urates in the blood, and says it relieves chronic rheumatic pains so promptly that he has rarely to use anodynes.

But he always gives it combined with muriate of ammonia and chlorate of potash, thus:

℞—Ammonii chloridi, ... ℥ ss.
Potassæ chloratis, ... ʒ ij.
Tinct. iodii, ... ʒ ij.
Glycerini, ... ʒ ss.
Aq., ... ad. ℥ xij.—M.

Sig.—From a tea to a tablespoonful two or three times a day.

The taste of this mixture is more disagreeable than that of the tincture of iodine. One of the best prescriptions is that of Dr. Buckler, viz.:

℞—Iod. potass., ... grs. ij.
Iodid ferri, ... gr. j.
Iodine, ... gr. $\frac{1}{10}$.
Ext. conii mac., ... gr. j.

Sig.—Make one pill, to be taken three times a day.

These pills are easily taken, and are said to be particularly efficacious in chronic articular rheumatism, even where there is an anæmic, scrofulous, or syphilitic taint. The so-called nodosity of the joints has been successfully treated with iodine.

Arsenic is the great rival of corrosive sublimate, iodine, and muriate of ammonia in chronic rheumatism of the larger joints. Occasionally it produces marked amelioration, but it often fails, and is said to be useless in the most inveterate cases. It generally aggravates at first.

Phosphorus is a more reliable remedy in arthritis deformans, and phosphate of ammonia forms more soluble salts with uric acid than any preparation of soda or lime. Uric acid and the urates disappear rapidly from the urine made after its use, and pains and swellings of the joints are relieved as rapidly as from any preparation of soda and potash. It is fully equal to the other alkalies, and preferable to most of them in delicate and feeble subjects. It maintains a highly alkaline condition of the blood, has a distinctly alkaline reaction itself, and renders the urine alkaline.

THERAPEUTICS OF HIGH TEMPERATURE.

Dr. Watson, in a clinical lecture published in the *Arch. Pediatrics*, says, substantially:—While I do not intend to speak of the causes of high temperature to-day (as we daily go over that ground with each case appearing before us), yet you must remember that in some cases your treatment must be directed toward the removal of any existing exciting cause. Thus, you may have a high fever from an acute attack of indigestion, and obviously you should relieve that. This, then, leads me to say that it is good practice in nearly all your cases with high fever to precede your regular febrile treatment by clearing out the gastro-intestinal canal. You can do this with castor oil, rhubarb, frequently combined with soda, or with calomel and soda, as in this prescription:

℞ Hydrarg. chl. mitis, . . grs. j. to iij.
Sodii bicarbonatis, . . . grs. ij. to xv.
Followed by a seidlitz powder in milk, in three or four hours.

The most available, and, at the same time, valuable internal remedies are ac nite, quinine, and antipyrine.

1. *Aconite.* The best preparation of this drug to use is the tincture of the root, and is given in plain water, or it may be combined with other febrifuges. On account of its comparative tastelessness, it is readily taken by young children, and as I have told you about all tasteless and non-irritant medicines, it is best to give it in small and frequently repeated doses.

On account of its frequent prostrating effects, you should see the child taking it every two or three hours. When this is impossible, I have found the following plan to answer very well, viz., for a child under two years of age, I prescribe one-twelfth of a drop every fifteen minutes for the first hour, and then every half hour for two hours, and subsequently every hour, until my next visit. You will, however, get better results from it if you give it every ten or fifteen minutes, and see the child at least every second hour. A precaution that I always give the mother is to stop giving it when the child begins to perspire. This is usually, though not always, a reliable guide.

The indications for its use are a hot, dry skin, full and frequent pulse, and a temperature over 102° F. Hence, its value is most marked in the pneumonias, in the eruptive and desquamative stages of the exanthemata, and in the acute inflammations of the serous membranes.

While you will find this drug one of the most valuable anti-febrifuges, yet it will fail in some cases, and if you have produced a marked effect on the quality and frequency of the pulse, without any fall in the temperature, then you must abandon its use for another remedy which I will shortly tell you about. In some cases you will get excellent results with the following combination, viz: ℞—Tr. aconiti rad. gtt. ij; sp. æth. nitrosi, ʒ ij; glycerinæ, ʒ ij; liq. ammon. acet. q. s. ad. ℥ ij. M. S. ʒ ss, q. h.

If the child has more or less delirium, it will be well to add five or ten drops of paregoric to each dose as given. As I have frequently told you, it is always better to prescribe your preparation of opium separately, so that you can increase or diminish its quantity as desired.

2. *Quinine.*—For those of you who live in districts where malaria is either the primary or a complicating factor in nearly all diseases, quinine will be your sheet-anchor.

In nearly all cases it will be advisable to pre-

cede the use of quinine by a mouth cathartic. One of the best ways to give quinine by the mouth to young children is in the form of a powder. When given this way have the quinine dispensed in one-grain powders, and add one or more, as desired, to a teaspoonful of milk, coffee, chocolate or liquorice, at the time of its administration.

Sometimes I add ten or fifteen drops of the fluid extract of liquorice-root to a teaspoonful of milk, in which the bitter taste of the quinine is very well disguised. Again, you will find cases which will take the quinine in powder alone.

The Elix. Taraxaci Comp. is also a very good vehicle for the administration of quinine, and there are also several other compounds upon the market for a similar object, but I don't think you will require them, especially with children. As with adults, so with children, the most reliable effects will be obtained from the use of an acid solution of the quinine, but its very bitter taste would be objectionable in most cases.

I have frequently used quinine in suppositories with very satisfactory results. I think it well, without some marked indication to the contrary, to combine with it a minute dose of opium, to allay in some degree the local tenesmus of the gut. When used in this way, I prescribe double the quantity that I would by the mouth. The best menstruum is cocoa butter, and after the introduction of the suppository within the sphincter, the buttocks should be pressed firmly together for several minutes. It will be well for you to remember that these suppositories may so irritate the lower bowels as to simulate dysentery.

You will frequently have occasion to use quinine hypodermically, and usually with good results. The best location for the injection is the buttocks. The dose should be from a half to two-thirds of that for the stomach. I have always used the bisulphate, which, with the addition of a little heat, is soluble in eight parts of water.

Quinine has also been used by inunction, with some oleate as a menstruum, but rather in chronic than acute cases.

When you have a temperature of 106° F. of undoubted malarial origin, and there are no immediate complications apparent, use quinine hypodermically, and repeat it in an hour if required.

3. *Antipyrine.*—The last of the internal remedies I shall call your attention to is antipyrine. During the past year or two it has been used quite extensively in this country, and for some time previously in Germany. There seems to be no special indications for its use, excepting a high temperature regardless of its cause. It may be given by the stomach, by the rectum, or hypodermically. The best way to give it is in three successive doses at hourly intervals, which can be repeated in six hours if necessary, and for a child under seven years of age the dose, to begin with, is one grain for every one and a half years of the child's age. This dose should be doubled in the second series of these doses. Usually, however, the temperature remains down several degrees for about eighteen hours after the first series of these doses, and then does not reach its previous height. If given in an enema, double the quantity should be administered at the same intervals. If given hypodermically, half the quantity dissolved in warm water can be used.

You can reduce any temperature, and that, too, with a remedy which you will always have at hand wherever you may practice medicine—*i. e. water.* Furthermore you can reduce the temperature safely and prolong, if not save, the life of the little patient; at least you will not have done your duty until you have made every effort to reduce the high temperature which is killing the child.

Sponging.—This is the easiest and frequently a very efficacious way of using the water. If you have a temperature of 105° F., with no serious complications impending, you can have the child's clothes removed, and place it on the smooth surface previously mentioned (with a rubber sheet beneath the cotton sheet), and with water at 90°, commence to sponge the thorax and abdomen, and at the same time, have the water gradually cooled down to 70°, turning the child first on one side and then on the other, so that the back can be frequently sponged. Do this for thirty minutes, and you will probably find the rectal temperature down to 102° or 101°; if so, I usually wring out a piece of muslin, long enough to reach from the shoulders to the hips, in equal parts of whiskey and water, to which a little ground mustard has been added, and wrap this around the child's body; then covering the child with an ordinary sheet, allow it to remain in this way for one or two hours. If, at this time, the temperature remains down, the child can be removed to a dry surface, but not dressed for at least three hours more, when, if temperature still remains down, it can be lightly dressed. During all this time, cloths dipped in ice water should be repeatedly applied to the head, and, if the child is comatose, a hot flaxseed poultice sprinkled with mustard, is kept applied to the nape of the neck. If the heart's action is feeble or irregular, I usually take a small sponge moistened in hot whiskey and water, sprinkled with mustard, and apply it over the pericardium for ten or fifteen minutes. During all this time the extremities have been kept warm as previously described. In the meantime, the child has taken whatever nourishment it desired. Now, if malaria was the cause of the high temperature, primarily you should administer quinine in some one of the ways I have already described; or you can keep the child in this way—*i. e.*, undressed,

and when the temperature goes above 103°, either sponge it again or apply the whiskey-water sheet. However, if the temperature repeatedly goes up, after being thus reduced, it will be better to put the child either on a rubber coil or a rubber cot, which I will soon describe to you. I think this one of the most practical and feasible ways of reducing a high temperature in ordinary practice; the parents and friends, however sceptical cannot object to it, for they see you commence with warm water, which you have gradually cooled, under the pretence that "the body is so hot that you must add ice to keep the water the same as when you commenced."

Douche.—When you have a temperature of 106° or 107°, with the child either in convulsions or profoundly comatose, more rapid work than the preceding must be done. In three cases of this kind, I have improvised a Kibbe cot, with two chairs, a blanket, and a sheet. The chairs with square-top backs, are placed back to back, about thirty inches apart, and over the tops the blanket is tightly stretched, and fastened with large safety pins to the centre cross-piece, in the back of each chair, respectively; then on this blanket the sheet is placed, and the undressed child on the sheet; beneath the blanket, and between the chairs, there is a small bath tub. It is well to place a thin sheet over the thorax and abdomen of the child, so that the shock will not be so great. When everything is in readiness, and you can do it all in the time I have been describing it to you, take water at a temperature of 90°, and pour it over the thorax and abdomen for three or four minutes, gradually having the water cooled down to 75° in the meantime, and there will be signs of returning consciousness within a few minutes. Within five minutes, the thermometer in the rectum will show a fall of four or five degrees in the body temperature; and here again keep the extremities warm. You can protect the legs from the water by a sheet tightly rolled up and placed under the thighs. If you put your hand underneath the blanket, over the middle of the back, you will be surprised to find the amount of heat there. Leave the child on this cot several hours. Perhaps, after several hours, the temperature will go up again; if so, then again apply the douche, but only for two or three minutes. One advantage in using the water in this way, is that you have it under your complete control, so that if there are any appearances of shock, you can apply warm or hot water instantly, and that too, without moving the child. Of course you are to use this method only in desperate cases, and in families of intelligence, and with their full consent, after you have explained to them the gravity of the case.

Enema.—In cases where you must reduce the temperature very rapidly, enemata of cold water, a gill at a time, repeated every ten minutes, will do well in some cases. I have used it in one case with a temperature of 107°, caused by malaria. The infant was in convulsions when I was called in, and a syringe being at hand, I immediately gave it an enema of cold water, and repeated it in five minutes, after which the convulsions ceased; the enemata were repeated every ten or fifteen minutes for an hour, at which time I had obtained a solution of the bi-sulphate of quinine, which I gave hypodermically, and the high temperature or convulsions have not since re-occurred. I should advise you to use it only in similar desperate cases.

INDIRECT APPLICATION.—This method of using water in reducing high temperatures in young children consists in the use of tubing of rubber (lead or copper might be used) through which water is passed either from the hydrant or a syphon. The most convenient way of using it is to attach one end of the tube—*i.e.* the receiving tube—to the water faucet of the hydrant, while the other end, or the discharging tube, is placed in the basin of the hydrant. The temperature, or degrees of cold, applied to the skin of the patient can be regulated in four ways, viz.: 1. By the temperature of the water used; 2. By the force applied to the stream in passing through the tube: 3. By the thickness of, and covering over (as sheet or blanket) the tube; and, 4. By the amount of clothing on the patient.

A NEW BANDAGE FOR FIXATION OF THE HUMERUS AND SHOULDER-GIRDLE.

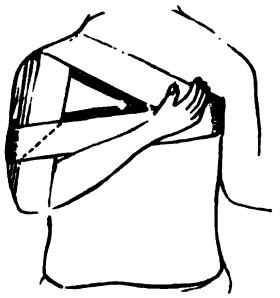
Dr. Dulles, of Phildelphia, gives the following in the *Medical News*:—

In the treatment of injuries about the shoulder-joint, such as luxation, contusion, fracture of the clavicle, or of the acromial end of the scapula, etc., I have often felt the need of some form of bandage, which, while as efficient as the Velpeau or Desault bandage, should be less cumbrous; and I have been led to try various modifications of these until I hit upon a way of bandaging which has been so satisfactory to me and my patients, that I wish to bring it to the notice of my professional brethren, and to obtain their judgment upon its merits.

This form of bandage requires, for an adult, a roller about three and a half inches wide, and about ten or twelve yards long. It is applied as follows: The arm of the injured side should be placed against the chest-wall, almost in the perpendicular line, but with the elbow a little in advance, and the forearm flexed at a right angle and laid across the lower part of the chest. A large piece of lint, or a soft towel, or a piece of old muslin, should now be interposed between the arm and the body, going well up into the axilla, so as to

prevent the excoriation which usually results from the apposition of two skin sufaces.

Then the surgeon, standing behind the patient, and a little toward the injured side, should apply the initial end of the roller to the axilla of the sound side, and carry the bandage diagonally across the back to the top of the shoulder on the injured side; then straight down the front of the arm to the point of the elbow; then under this to the back of the arm; then up behind the arm to the shoulder, where the preceding turn crossed it. At this point a firm pull should be made on the bandage, to draw the humerus well up against the glenoid cavity. In cases of fracture of the clavicle or scapula, this piece can easily be regulated so as, with the aid of a little manipulation, to place and keep the ends of the bone in position. Then the bandage is to be carried diagonally across the front of the chest to the axilla of the sound side; then through this axilla to the back; then horizontally across the back to the lower third of the arm of the injured side, and round this to the front of the arm; then across the front of the chest to the axilla of the sound side, leaving the forearm out; then through this axilla to the back near the point of starting. The appearance of the bandage is



shown in the figure. The bandage is completed by repetition of these turns till the roller is used up, advancing with each turn a little way up the shoulder, and a little way up on the arm. If one roller does not suffice to give the support desired, of course a second must be added.

After the bandage is in place, a few large pins should be inserted at each crossing, and the hand and forearm should be supported by a sling. In addition to the pins, the bandage may be stitched so as to make a firm case; or a few strips of adhesive plaster may be applied along and across it in different places, which will give the greatest possible security. It is a good plan to attach a strip of adhesive plaster, an inch and a half wide, from just below the shoulder, over the outer side of the arm and round the point of the elbow, to about the middle of the forearm. This will prevent the bandage from slipping off the elbow. In certain cases it is advisable to include the forearm in the bandage, so as to bind it firmly to the chest-wall. But one of the special advantages of this method, in my opinion, depends upon the fact that it can usually be employed without including the forearm.

This form of bandage accomplishes the following results: It fixes the scapula and the outer end of the clavicle, holds the head of the humerus well up against the glenoid cavity, and fixes the whole bone against its natural splint, the chest wall. Among its advantages the most important, in my opinion, depends upon the exactness with which, by drawing up the humerus in the line of its axis, the bone and the shoulder-girdle can be held in a position in which there is the least muscular interference with the proper position of the fragments in a fracture of the scapula or clavicle, or of the different bones in a luxation at the shoulder-joint. I find that, with a little manipulation with my free hand, and careful regulation of the upward pull upon the humerus and the downward pressure upon the scapula or clavicle, by means of the bandage as it goes along, I can get all that I can ask for in the way of correct anatomical relation of parts. The position of the humerus, which I have indicated, is also, I believe, a better one than that which is maintained by the bandage most frequently employed—I mean the Velpeau bandage. The comparative lightness of this dressing is also an advantage, as well as the fact that it leaves the upper and lower ends of the arm uncovered, so that they may be examined at any time, or have applications made to them. The freedom of the forearm I have already alluded to as an advantage whenever it is admissible. There is no danger of the bandage slipping, if it be snugly and firmly applied, and if it be wide enough. It is easy to make it fit nicely at the elbow, so as to hold up this in a sort of cup made by the slight elasticity of the material. It is also easy, by varying the position of the turns, to make the bandage cover any particular point in the scapula, or in the outer end of the clavicle, or in the humerus. In fractures of the clavicle, or scapula, a suitable compress may be placed over the seat of fracture; while, in any fracture of the humerus, to which such a dressing is suitable, the arm may be splinted against the chest-wall by carrying the horizontal turns high up. I will not attempt to speak of the conditions to which this form of bandage is applicable, but I think they are all those in which fixation of the arm and shoulder-girdle is the important object. I am aware that it is somewhat dangerous to call anything new in these days, but I have so designated the bandage I have just described, because I have not met with any description which corresponds to it. If I am mistaken, I shall be happy to be corrected.

HOLMES says that charlatanism hobbles on two crutches, "the tattle of women and the certificates of clergymen."

THE EXTRACT OF MALE FERN IN TÆNIA.

Behrens eulogizes the extract of male fern as by far the most efficient anthelmintic of the Pharmacopœia, and in the *Deutsche Medizinal Zeitung* of January 7, 1886, reports its successful employment in fifty two cases out of fifty-three treated. Fifty patients discharged the tapeworm after having taken a single dose of 5 grammes (75 grains); of the three remaining patients, two discharged the worm after one more doses of the drug. In two instances the heads of the worms were found. This rather remarkable success in the treatment of tapeworm Behrens believes to be attainable only if a certain methodical procedure is observed. The patient is, on the preceding day, not allowed to eat anything after dinner except a salted herring in the evening; for the thirst thus occasioned beer is allowed. On the following morning the patient takes the drug on an empty stomach, according to the following formula:

R—Extr. filic.,	. .	grm.	5.0 (75 grs.)
Gum arab.,	. .	"	2.5 (37½ grs.)
Aquæ dest.,	.	"	5.0 (1¼ f ʒ)
Syr. simpl.,	.	"	15.0(½ f ʒ).– M.

SIG.—Take at once.

A quarter of an hour after, f ʒj. of castor oil is taken.

This drug, which for its anthelmintic virtues has been known ever since the days of Pliny (who advocates its association with scammony), is well deserving of the author's praise.

In this connection it occurs to us that male fern, at the close of the last and the beginning of this century, formed an ingredient of several nostrums which enjoyed great repute for their vermifuge properties. It constituted the specific of Madame Nouffer, the widow of a Swiss military surgeon, who received eighteen thousand livres for the publication of its composition; later it was the Herrenschwand remedy, and finally the specific of Matthieu, the Berlin apothecary, who sold it to the Prussian government for the prize of a title and a pension. The medical college of Würtemberg likewise bought and paid amply for this therapeutic secret. In all these cases drastic purgatives were given, either along with or after the preparation of fern.

In tænia lata (bothriocephalus), or unarmed tænia, the drug is far more efficient than in tænia solium, or armed tænia; hence we find the drug especially esteemed in Russia, France, and Switzerland, where the former variety prevails.

So much stress is laid upon systematic administration of male fern by all who have used it most extensively, that we shall describe several of the most approved methods, as cited by Stillé. Wawruch treated two hundred and six cases, nearly all of tænia solium, according to the following plan:

Preparative Treatment. -During four to five days a solution was given every day containing 20 grains of chloride of ammonia, the patient meanwhile taking no food but a thin broth at each meal.

Expulsive Treatment -The night previously a simple injection was given. The following morning a bowl of thin soup without salt was eaten, followed in an hour by two ounces of castor oil in two doses. In the interval between these from ½ to 1 drachm of powdered male fern was given in two or three doses, and an enema of milk and oil. Some time after the last dose of fern a drastic purge of calomel and gamboge was given, and under its operation the tænia was generally discharged. This method occasioned a good deal of pain, and often vomiting, rendering the use of emollients and narcotics necessary.

The treatment of Albers, of Bonn, and which proved successful in a large number of cases, was almost exactly the same as that just described, except that the ethereal extract was the preparation of fern employed. Lambert preceded the administration of the fern by a diet of herring, onions, and similar crude articles. Trousseau's method, which, he states, was very successful, is as follows: First day, absolute milk diet; second day, 15 grains of the ethereal extract of male fern to be taken fasting, and repeated every half-hour until four doses are taken; third day, repetition of the extract as on the preceding day. After the last dose about 2 ounces of syrup of ether, and, in half an hour later, an emulsion containing 3 drops of croton oil.

Peschier used the oil (volatile extract), and in doses of from 8 to 25 drops, and cured one hundred and fifty cases in a short time with it. Ebers, of Breslau, uses the alcoholic extract; Fouchon, of Neufchâtel, the oil in gelatine capsules. The simple powdered root, however, is probably the most eligible preparation.—*Therap. Gazette.*

VARICOSE VEINS.

Varicose veins are frequently exceedingly troublesome and sometimes dangerous, and we therefore draw the attention of our readers to an article which appeared in the *Brit. Med. Jour.*, by Dr. J. F. Fry, strongly advocating the removal of a considerable length of the varicose veins, as first proposed by Dr. Steele, of Bristol, and Mr. Marshall, of London, in the *Lancet*. Perhaps the method of operation can be most readily understood by reading a description of its performance as detailed by Dr. Fry:

An ink-mark about an inch long was made over each of the two varices (one near the ulcer, the

other above the knee), and, the patient being under the influence of an anæsthetic, an Esmarch's rubber bandage was firmly applied from the toes to the middle of the thigh, and removed after a Foulis's tourniquet had been placed round the thigh at the upper margin of the bandage. The limb was now bloodless. Under carbolic spray (one in forty), a longitudinal incision was made through the lower ink-mark, but only skin-deep, and extending into the ulcer. The tortuous varix next was dissected out and ligatured above and below, and thus a piece of vein six inches long was removed through an incision one inch in length. The edges of the skin were brought together with silver-wire suture, and antiseptic dressing applied. The second varix having been treated in the same way, the limb was firmly bandaged and (after the tourniquet had been removed) swung in a Salter's cradle. During the first three days the temperature ranged between 99° Fahr. and 100° Fahr., and then fell to normal. The wound was dressed antiseptically on the third, fifth, and eighth days, and on the last date the sutures were removed.

The conclusions reached by Dr. Fry are as follows:—If palliative measures afford sufficient relief, it is unwise to operate; but of the various operations the excision of the vein is the safest, and for its successful performance the following details must be strictly carried out:

1. Excise through several small incisions (not more than an inch in length) in preference to removing one large piece, as by so doing the vein is occluded at several points.

2. Mark the site of the proposed incisions before applying the bandage, as the position of the varices becomes indefinite when the limb is rendered bloodless.

3. Apply the Esmarch bandage carefully, so as thoroughly to empty the blood-vessels; or, the wound becoming full of blood, there will be considerable difficulty in dissecting out the vein, and very troublesome hemorrhage may occur.

4. Ligature the vein at its upper end, and dissect it out from above downwards.

5. Remove as little as possible of the tissues surrounding the vein; but if this be unavoidable, take away also the deep fascia (which is but feebly supplied with blood, and will not favor union), and allow the skin to adhere to the vascular muscle.

6. Apply the dressings and bandage the limb before removing the tourniquet. By this means hemorrhage is avoided and primary union encouraged.

7. Above all, the careful employment of antiseptic measures is necessary, both during the operation and in the subsequent dressings.—*Therapeutic Gazette.*

RECENT OBSERVATIONS ON NUX VOMICA.—Dr. John H. Musser read a paper at a late meeting of the Phila. Co. Med. Soc. (*Med. News*), "On the influence of age on the dosage of Nux Vomica, with some remarks on its therapeutics," in which he says: Going over the notes of some fifty cases, I find that at from 15 to 40 years of age 45 drops or more of the tincture were almost invariably well borne. After 40 years it was the exception to be able to increase the dose over 35 drops without causing disagreeable symptoms.

One of the patients, aged 24, took 200 drops three times daily with most decided benefit. To another, aged 16, 125 drops were exhibited without experiencing any bad effects. On the other hand, a male, aged 60, could take but 20 drops, and not one over 50 could get beyond 35. Patients aged 16, 24, 28, 35 and 40, took 40, 55, 30, 45 and 45 drops respectively before any therapeutic benefit could be seen.

Two effects of large doses of the drug were observed, that, under certain circumstances, would be disadvantageous -the production of diarrhœa and of frequent seminal emissions. Small doses of laudanum would readily control the former, although it is rare that the case would demand such very large doses. The latter symptom could not well be remedied. In mental and psychical depression due to prolonged excitement this drug is of value. One of my students took from 600 to 800 drops of the tincture daily, and thereby successfully tided himself over a period of great strain. In fact, he studied harder and kept later hours than at any other examination period, and with less detriment to his health. He is myopic and astigmatic, and this was the first time he came out of his studies without suffering from eye-strain The doctor writes me that he has used the drug since, in practice, under similar circumstances. For instance, he helped along well a young society girl, who was unusually busy with engagements, until the rush was over. These uses of the drug are as dangerous, however, as those of any stimulant, and it should be given only on extraordinary occasions for the purpose indicated. Its use as above serves to show its power as a nerve stimulant. It has recently been the custom of students of medicine to take caffeine to keep them awake for study. My observations of the students who had taken one of these drugs was favorable to the use of nux vomica. The ones who took it came off with much better health and less nervousness than the caffeine-eaters.

The following are some of the conclusions which may be drawn from the above statements:

1. The effects of nux vomica are in inverse proportions to the age of the patient, the susceptibility increasing with the age.

2. The usual doses of the tincture indicated in the text-books are inadequate for many practical purposes, and do not represent the usual dose of strychnine.

3. It is a powerful and rather transient stimulant.

4. The best therapeutical effects can be secured in many cases only by pushing the drug almost to the physiological dose.

5. The system soon becomes accustomed to its use, and the dose must be increased.

6. The good effects in dyspepsia are largely due to its power to heighten reflex excitability.

RECENT METHODS OF TREATMENT OF THE ASPHYXIA OF NEW BORN CHILDREN.—Dr. Wm. L. Reid *(Glasgow Med. Jour.)*, gave the following different methods of restoration :

1. Marshall Hall : The patient is turned face downwards so as to press on the chest and cause expiration, then turned on the side so as to free the chest from pressure, and produce inspiration by means of the elasticity of its walls.

2. Howard : The arms are extended, the wrists being brought together over the head and the chest thus expanded. The lower ribs are then alternately pressed on and relieved from pressure so as to cause expiration and inspiration.

3. Sylvester : The arms are raised upwards and forwards for a few seconds, and then pressed firmly down against the sides of the chest. By means of their muscular attachments the ribs are raised and air is sucked in, which is expelled when the arms are brought down again.

4. Pacini : The feet are fixed, and the operator standing with the head against his own abdomen, seizes the arms at the axillæ and pulls the shoulders upwards and forwards, then allowing them to return to their former position.

5. Bain : The shoulders are raised by lifting the body a foot off the table by seizing its hands. They are then allowed to fall back again, thus causing alternate expansion and contraction of the thoracic cavity.

6. Schücking : Like Sylvester's, except that he carries the arms outwards as well as upwards.

7. Schüller : The operator puts his fingers under the edges of the ribs, and pulls them up, afterwards depressing them.

8. Schroeder : The body is supported by one hand placed under its back, allowing the head, shoulders, arms, and pelvis to fall backwards with the view of producing inspiration, expiration being caused by sharply bending the body forwards so as to compress the chest and abdomen.

Lastly, Schultze's method : The child is to be suspended a few inches from the floor by the two index fingers placed in the axillæ from behind, the thumbs lying loosely over the front of the thorax, and the other fingers spread also loosely over the thorax behind, the head being supported against the edges of the ulnar bones. Without delay in this position, the child is swung sharply upwards, until the operator's arms are extended horizontally, then the upward movement is continued more gently so as to bring the legs slowly past the perpendicular and allow them to sink quietly against the front of the child's body. The weight of the latter is now supported by the thumbs in front of the thorax, and the chest pressed on all round by the fingers, and its arms laid against its sides. This compression through the diaphragm below, and by the fingers all round, causes aspirated fluids to flow freely from the mouth and nose. After being retained in this position a few seconds, the body is swung smartly down again into its former position, taking care that now there is no compression of the chest, either before or behind, but simply a suspension of the child on the index fingers. During this movement the contents of the abdomen, partly by gravity, and partly by centrifugal force, fly away from the diaphragm, and dragging it down, enlarge the chest from below. At the same time the arms are separated from the sides, and by their muscular attachments drag the ribs upwards, and in this way air is sharply drawn into the lungs. These movements are continued every four or five seconds, unless when a considerable quantity of fluid continues to come from the mouth and nose, when the movement of expiration is on that account prolonged.

CONTRIBUTION TO THE STUDY OF MORPHIOMANIA.—Dr. Marandon de Montyel summarizes the results of his investigations of the production of morphiomania as follows :

I. Morphiomania has its origin either in a demand for intellectual excitation and psychical pleasure, or in the acquired habit.

II. Injections of morphia have as a result a double action : a benign and a special action upon the nervous system by which its natural function becomes impossible after a certain term without the assistance of the poison. These two effects are separate and distinct from each other : the second is manifested when the first is no longer exhibited. There are, then, two kinds of morphiomania : the one resulting in a temporary good effect, the other a vital necessity ; and after a variable period the cases of the first order pass over into the second.

III. This double action of morphia upon the nervous system renders it an extremely dangerous medicament, and it therefore should not be prescribed hypodermically except in cases of absolute necessity.

IV. It is also extremely dangerous to combat morphiomania by the substitution of alcoholics, inasmuch as chronic alcoholic insanity may result therefrom.

V. Morphiomania may always be treated by abrupt withdrawal of the drug, except in conditions

when such methods are contraindicated by the vital forces of the patient or concomitant pathological phenomena. The method should also be abandoned if reactionary collapse result.

VI. In the treatment of morphiomania by gradual suppression of the drug, it appears advantageous to combine with the progressive diminution of the dose the recoil of momemtum by fusing two injections into one.

VII. The medico-legal questions pertaining to morphiomania are certainly based more upon extra-judicial than upon judicial clinical observation.

VIII. Observation shows that a morphiomaniac may have great energy of will while the poison has not yet determined any disorder of intellect. There is here a serious proof of what has already been said, that responsibility only ceases with the period of psycho-physical marasmus.

IX. Relative to the responsibility of morphiomaniacs who commit crimes or offences to satisfy their passion, it is, perhaps, necessary to distinguish whether they have yielded to the simple appetite for a pleasant effect, or to a physical necessity dependent upon the instinct of self-preservation. A conclusion of irresponsibility in the latter case seems justified.

X. In the exact appreciation of the intellectual troubles caused by the abuse of the hypodermic injection of morphia, it is important correctly to appreciate the existence of predisposition to insanity, and the delirium produced concurrently by the absorption of other substances, such as alcohol and belladonna.

XI. It is necessary to retard the continual progress of morphiomania by disseminating general information in the upper ranks of society concerning the deplorable and certain evil effects following the use of the drug, and to exercise an active surveillance over pharmacists, and impose special penalties upon those who dispense morphia without a physician's prescription.—*L'Encéphale.*

DIPHTHERITIC PARESIS.—Dr. Robert Bartholow, in a recent clinic says: This boy talks as though his mouth was full of hot mush, and when he takes a drink some of the liquid flows out of his nose. When he walks you notice that he cannot combine the action of the muscles of the two sides with any degree of certainty. You must remember that there is an automatic mechanism and a voluntary mechanism. If you start to walk from here to the river, you put into motion a set of muscles that will work automatically, without any volition or direction on your part. When, however, I tell him to shut his eyes, and, extending his arm, to bring his forefinger to his nose, he brings into play his voluntary mechanism, and this, you see, he can only do with some difficulty. But there is here also some derangement of the unconscious or automatic mechanism, as evidenced by the failure of the veil of the palate to perform its duty, allowing the regurgitation of fluid. He has had diphtheria recently, and we have the sequel of paresis from head to foot. You must draw the distinction between paresis and paralysis, the former indicating only a partial, while the latter means an entire loss of power. If the faradic current fails, these cases will usually respond to galvanism, which should be employed until the reaction to the faradic current is re-established. If the muscles fail to respond to galvanism, then we know that the true muscular tissue is replaced by connective tissue and fat, but it is very seldom that we find cases so far gone. It is a singular fact that in many cases the muscles will respond to the stimulus of the will, even before the reaction to the faradic current is established. The use of electricity serves two purposes; it puts the muscles in use, and improves the circulation. If there is incontinence of urine, an urethral electro may be passed into the urethra, the non-insulated portion being placed at the neck of the bladder, and the other pole over the genito-spinal centre; the same procedure may be used for atony of the bowels. In bad cases I would use the alkaloid strychnine, hypodermically, one-sixtieth of a grain every day or two or three times a week; it will tone up the nervous system. In less severe cases I would give the same drug internally.

℞ Strychnine. . . . . gr. $\frac{1}{60}$
Acid phosphoric dil., . . . gtt. x. M.
S.—For one dose, well diluted, thrice daily.

The general nutrition must be increased, which can be best accomplished, I think, by the use of officinal syrupus hypophosphatum cum ferro.—*Med. and Surg. Reporter.*

COMPARATIVE ADVANTAGE OF DIFFERENT FORCEPS.—Dr. T. M. Madden says:—Among the changes which have recently taken place with regard to the forceps, there are two, however, which, I venture to think, require further consideration. The first is with regard to the early period of labor at which instrumental assistance is now advocated by some authorities. The second is with regard to the complicated form of forceps introduced by M. Tarnier, and since variously modified and largely employed by modern obstetricians. For my own part, I can see no reason for instrumental assistance before the os uteri is fully dilated, except in certain cases of complex labor, where immediate delivery may be necessary for the safety of mother or child, and in which it must be unhesitatingly resorted to as soon as the os uteri is sufficiently dilatable. But if obstetric practitioners should ever come to regard it as a safe rule of practice to apply the forceps as soon as the os uteri can be sufficiently expanded to admit its introduction—which in some instances may be done before the occurrence of any true

labor pains—it is very probable that the ill results of the indiscriminate and injudicious employment of this practice will outweigh all the possible benefits of its right use. The preference generally given to Tarnier's axis-traction forceps by many British as well as by nearly all French obstetricians, over instruments such as Barnes' original double-curved or my own short forceps, appears to me to be a mistaken one. In operative midwifery, as I have before observed, as in any mechanical problem, it is obvious that there should be a due proportion between the power used and the resistance to be overcome, and that the force employed should be the minimum necessary to accomplish the desired effect. This certainly is not the case in Tarnier's forceps, which I cannot but regard as a needlessly complicated, unwieldy, and, for the purpose for which it was designed, an ill-contrived piece of mechanism. Hence, in my opinion, this instrument is by no means equal to Dr. Barnes' forceps for any cases of difficult labor where the head is detained above the pelvic brim; nor, I will venture to add, to my own short forceps in those still more frequent instances in which the head, having entered the pelvic cavity, assisted delivery may be expedient, as I have found in upward of two hundred and fifty cases in which I have now used this instrument.

MEDICAL NOTES.—Prof. Da Costa relieved a boy, at the clinic, almost entirely, of a severe *torticollis*, in five minutes, by having injected over the sterno-cleido-mastoid, atropine gr. $\frac{1}{100}$, combined with morphine $\frac{1}{8}$.

Prof. Da Costa likes a combination of the bromides in the treatment of *epilepsy*, such as

℞ Potass. bromid. . . . . gr. x.
Sodii bromid. . . . . gr. xv.
Ammonii bromid. . . . gr. v. M.

He also frequently prescribes, in the same disease, five grains of the effervescing bromide of nickel, *ter die*.

For a case of *leucorrhœa* and great *vaginal irritation* in a child of eighteen months, Prof. Parvin used with success—

℞ Extract opii.
Extract belladonnæ, . *aa* gr. $\frac{1}{10}$.
Iodoformi . . . . . gr. ij.
Olei. theobromæ . . . . gr. v. M.
Ft. in vag. suppos., No. j.
SIG.—Use one every day.

Prof. Bartholow considers nitrate of silver at the head of the list of remedies for the treatment of the *diarrhœa of phthisis*. He recommends the use of the same drug in proctitis, applied by irrigation, in the strength of ʒj to water Oj. If a stronger solution is used, it must be immediately followed by a solution of common salt.

Prof. Bartholow says the sulphide of barium is the best *depilatory* for ordinary use. Its long continued action often results in the permanent removal of the offending hairs. He advises the following, to be made into a paste, with sufficient alcohol, and put on the part and left till some pain is felt, then to be removed:

℞ Barii sulphidi,
Calcis . . . . . *aa* ʒj.
Amyii pulv. . . . . ʒij. M.

For a marked case of *malarial cachexia*, with latent pleurisy, Prof. Da Costa prescribed the following:

℞ Tinct. ferri chloridi. . . . fʒ ss.
Acid. acet. dil. . . . . fʒ iij.
Liq. ammonii acet. . . . fʒ ij,
Elixir simplic. . . . . fʒ ix.
Strychniæ sulph. . . . gr. ss, M.

SIG.—Dessertspoonful *ter die*, to be doubled slowly.

In addition, four grains of quinine, to be taken every morning *before* breakfast, directly after arising.—*Col. and Clin. Record.*

PASTEUR ON THE SYMPTOMS OF RABIES.—A correspondent in Paris states that a person, bitten by a favorite dog recently, brought the animal to the Veterinary School at Alfort, to be examined, and carefully watched for some days; but, after the examination took place, the owner was informed that he could not receive an immediate answer to some questions he put, in conformity with the rules. He would have to come next day, and if the dog then presented no symptom of rabies, he would have to take it away. This not suiting him, he wrote to M. Pasteur, stating his case, and asking to be treated by him. M. Pasteur wrote back to him. As the hydrophobia scare appears to be spreading over the world, M. Pasteur's letter cannot fail to be read with universal interest: "Sir—Do not trouble yourself to call on me, because it would be useless. Every dog, whether it eats or not, that is attacked with rabies, dies in a few days. When it eats, death is delayed a short time, but that is all. It cannot live for more than ten days, and will probably die on the eighth. During the interval, rabid symptoms will be shown. Lock up your dog, therefore, and chain it. Be careful, in feeding it and cleaning away its litter, not to go within biting distance. If it survive the tenth day, you may have an easy mind. Meanwhile, attend to your wound; it should on no account be neglected. The saliva of a perfectly healthy dog may contain microbes which would cause an abscess. In very rare cases the bites of such dogs have caused septic blood-poisoning. If you find rabid symptoms in the dog, come at once to my laboratory, and I will be happy to treat you for rabies.—I am, etc., PASTEUR."—*Brit. Med. Jour.*

THE WATER-COMPRESS.—Among the therapeutic measures in vogue in Germany there is none which attracts the attention of the American physicians so eminently as the water-compress. It is no fable that the "compress," as it is briefly called, is prescribed for every affection of the throat and lungs; for a clinical experience of nearly three months, in the Carité and other hospitals, convinced your correspondent that it is the first thing ordered in nearly every ailment of the respiratory tract. A piece of linen, being of the size of a napkin if intended for the throat, or of the size of a towel if intended for the lungs, is dipped into cold—not lukewarm—water, applied to the desired locality, and retained *in situ* by means of a woolen shawl or oil silk, and renewed every half-hour. A poultice is never exhibited for these affections. The compress, as may be expected, has also become the routine treatment in every household, and is quite familiar to every mother and nurse. Your correspondent has taken especial pains in tracing the therapeutic results of this procedure—which, of course, is often accompanied by medicinal treatment—and feels highly gratified with the results observed. The value of this hydriatic procedure consists in the frequent renewals and prolonged application extending often over two or three days—of a medium which not only abstracts the surplus of heat in the part, and by its secondary physiological action dilates the vessels of the integument, and thus relieves the engorged internal parts, but which also has an undeniable invigorating influence on the nervous system. It seems superfluous to add that strict individualization is, as in all hydriatic procedures, an indispensable requisite in the application of the cold compress. *Therapeutic Gazette.*

NATURE AND CURATIVE TREATMENT OF TRUE ANGINA OF THE CHEST.—Dr. Huchard, of Paris, after long study of the differential diagnosis between false and true angina pectoris, concludes that the latter uniformly depends upon changes in the heart, the aorta and other arteries, and that while it may be complicated by nervous influences it can not be produced by them. After trial of the various medicines for increasing arterial contraction, such as ergotine, or for increasing the blood-pressure, as digitalis, he rejects them as useless, and resorts to medicaments that have an opposite effect, such as nitrite of amyl, morphine, and nitro-glycerine, as of some use in the affection.

These, however, are regarded only as palliative. Dr. H. thinks the only actually curative treatment is with the iodide of potassium. This should be given steadily for from fifteen to eighteen months at least, with a daily dose of from fifteen to forty-five grains, even after the attacks have disappeared. Besides this there are accessory measures, such as vesicatories in the neighborhood of the heart, and regulation of food and mode of life. Alcohol and all stimulating substances, as also tobacco, is to be prohibited, and a mixed or exclusively milk diet is to be prescribed. In advanced atheroma, cure is not at all to be expected, nor in most cases is improvement possible. *Deutsche Med. Zeitung.*

IODOFORM INJECTIONS IN KNEE-JOINT DISEASE.—Dr. Piltz reports the case of a woman, fifty-eight years old, who had suffered from pain and swelling of the knee for about a year. In spite of active treatment the disease progressed steadily until the patient's health began to suffer. An exploratory puncture showed the presence of thin, flocculent pus. The author determined, before resorting to incision and drainage, to try the method of iodoform injection recommended by Mikulicz in the treatment of cold abscesses. The joint was punctured with a trocar and about a pint of pus removed, and it was then thoroughly washed out with a three per cent. solution of carbolic acid. After this, about two ounces of a ten per cent. iodoform glycerine emulsion were injected and an antiseptic dressing applied. No elevation of temperature followed the operation. The general and local effects of the injection were described as wonderful. The pain yielded at once, and merely a slight burning was felt in the joint. The operation was repeated, a smaller quantity of the emulsion being injected. After this no more pus was found and the patient continued to improve, regaining the use of the knee and increasing in weight. The author believes that this method might be advantageously employed in all joint diseases of this sort in which there is no lesion of the osseous structures.—*Allgemeine Medicinische Central Zeitung*, No. 94, 1885.

COLD BANDAGING OF THE LEG IN INSOMNIA.—Dr. von Gellhorn has found the following plan very useful in inducing sleep in persons who suffer from insomnia. A piece of calico, about eighteen inches wide and two and three-quarter yards long, is rolled up like a bandage, and a third of it wrung out in cold water. The leg is then bandaged with this, the wet portion being carefully covered by several layers of the dry part, as well as by a layer of gutta-percha tissue, and a stocking drawn on over the whole. This causes dilatation of the vessels of the leg, thus diminishing the blood in the head and producing sleep. It has been found by Winternitz that the temperature in the external auditory meatus begins to fall a quarter of an hour after the application of the bandage, and the normal is again reached for from one and a half to two hours afterward. Gellhorn has employed this means of procuring sleep for several years, and finds it especially useful in cases where there is congestion of the cerebral vessels. Sometimes

he has found it necessary to reapply the bandage every three or four hours, as it dried. —*Med. Rec.*

NEW OPERATION FOR THE ALLEVIATION OF PERSISTENT DEAFNESS.—Dr. William H. Bates, of New York, in an article on this subject says that many cases of deafness are not benefitted by thorough catarrhal treatment, inflation of the middle ear, the use of Siegle's otoscope, an artificial opening in the drum-membrane, division of the tensor tympani, etc. He calls attention to an operation which has benefitted a number of these obstinate cases. The operation consisted in puncturing or incising the drum-membrane in from five to ten different places. Simple punctures were made, or the drum-membrane was slit in various directions. The operation was repeated as soon as the openings in the drum membrane had healed. The size and freedom of the incisions must be determined after the first operation for each case.

For the operation he employed a Graefe cataract-knife with a long shank. It is important that the knife be *sharp*, and to make this certain he often used a freshly sharpened knife for each puncture. Pain was avoided by this precaution. A dull knife, or the paracentesis instruments sold in the shops, caused more pain than the patients could bear.

Cocaine was not necessary when the knife-blade was in proper condition, and this remedy would not prevent pain when the knife was dull.

The result of this operation is to leave a number of cicatrices in the drum-membrane; the subsequent contraction of these producing a tension by which the membrane is drawn out. The membrane frees itself from adhesions in this manner, and in many cases loosens the anchylosed ossicles. The various benefits of paracentesis, as formerly employed, are not only obtained but much increased. It is not an improvement the result of a perforation of the drum-membrane alone, which, as is well known, is often doubtful and transitory, but the subsequent healing of the openings is part of an improving process. The operation, suggested by that of paracentesis, differs from it in the simultaneous number and extent of the incisions, as well as in the purpose for which it is resorted to, and in the immediate and subsequent results. *New York Medical Record*, January 23, 1886.

TREATMENT OF FROZEN PERSONS. Medical men have always differed as to whether the best medical treatment of frozen persons was by a gradual or rapid application of heat. "To settle the matter," says *Knowledge*, "Laptchinkski has made a series of very careful experiments upon dogs, with the following results: Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished; of twenty placed at once in a warm apartment eight died, while of twenty immediately put into a hot bath all recovered." The experiments will probably influence the practice of medical men in Russia and northern Europe, where the question of the best means of restoring life in persons suffering from excessive cold is of frequent occurrence every winter.—*Med. Summary.*

[Since learning of the above, or some other similar experiments, about three or four years ago, we have treated with uniformly marked success every case of frost-bite, of various degrees, that happened under our observation, by ordering the hot plunge bath or douche. For instance, if a foot was frozen to stiffness and almost total insensibility, it was immediately submerged in water, so warm that the hand at a normal temperature could not tolerate the heat. In case of frost-bitten ears, cloths wrung out in hot water were at once applied. The feeling is one of intense gratification, which usually is only momentarily preceded or interrupted by acute stinging pain. It is by far the most preferable method of restoration.]—*Am. Med. Digest.*

VACCINATION. Among the many queries which the present extensive revival of vaccination has raised, is the one relating to the effect of vaccination upon one who has already had small-pox or varioloid.

We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three such cases having come under notice. Upon inquiring of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured us without hesitation that after small-pox, vaccination will take always, and in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where unvaccinated individuals had had the disease two or three times.

This information is therefore of great importance, for most people who have had small-pox feel that they are sealed with an immunity greater than a lifetime of continued vaccination could purchase for them.—*N. Y. Med. Record.*

SUCCESSFUL PASSAGE OF AN OPEN PEN-KIFE.—The following case (Dr. C. B. Hutchings, *Pacific M. & S. Jour.*, Jan.) illustrates the importance of giving bulky food when a sharp instrument has been swallowed. A man of 20 swallowed an open pen-knife 3½ inches long. On telephoning the neighboring doctor he was ordered milk and castor oil. This advice was, fortunately, not followed, but a hearty meal of mush and buckwheat cakes was given, and he was directed, on going to bed, to lie on his right side to facilitate the passage of the knife into the duodenum. He spent most of Friday, the next day, on the right side, and ate freely of any food desired, but particularly of

buckwheat cakes. The bowels moved on this day, but did not move again until the following Tuesday, when, after an immense movement, the knife came away point first. We publish the above item, not because the pen-knife was saved, but because it seems to show that there is at least one doctor in this country who adheres to the antiquated treatment by purgatives. Think of an open pen-knife traversing an empty bowel under castor oil.

INFLUENCE OF ALCOHOL, BEER, BLACK COFFEE, TOBACCO AND SALT ON DIGESTION. — 1. Alcohol, even in small quantities, arrests the digestive processes. The digestion of albuminates is arrested more than the transformation of dextrine to grape sugar. Gastric juice, with 20 per cent. of alcohol, digests six to seven times smaller quantities than the normal secretion. This is explained by the precipitation of pepsin by the alcohol.

2. Beer does not promote digestion. It appears that this is due, not so much to its alcohol as to the large quantities of neutral salts that bind the free acids of the gastric secretion. If a few drops of hydrochloric acid are added, the beer no longer inhibits.

3. Wine in small quantities appears to promote digestion; in larger quantities its action is that of alcohol

4. Black coffee also, when taken in small quantities, stimulates the digestive functions: large quantities act unfavorably.

5. Moderate smoking does not alter digestion. Excessive smoking, however, is of bad influence, because the tobacco derivitives—alkaline reaction of nicotine neutralizes the gastric juice.

6. Small quantities of salt are conducive to the processes under consideration. Large quantities arrest them, probably by hindering the swelling of the food.—*Deutsche Med. Zeit.*

CHAULMOOGRA OIL IN CHRONIC SQUAMOUS ECZEMA.—Dr. W. L. Chew reports a case of chronic universal squamous eczema cured by this remedy. The patient had been treated with iron, arsenic, cod-liver oil, etc., with but slight improvement. The oil was then given in two or three drop doses, and increased to ten or fifteen drops three times a day. The best vehicle was found to be a goblet of sweetened cream. The oil was also used in the form of an ointment:

Chaulmoogra oil	℥ ii.
Glycerine	ʒ iv.

To be rubbed over the body and limbs, and the cold shower-bath applied three or four times a day.

In fifteen days all the exudation has been checked; on the nineteenth day the case was discharged cured.—*N. O. Med. and Surg. Jour.*

POISONOUS GLOVES. — We have recently had several cases of a peculiar herpetic eruption about the lips of children, and which we have satisfied ourselves were due to cheaply dyed gloves. The children wearing these gloves rubbed their mouths with them. The rash could be produced at will. When the gloves were taken off and not worn for some time, there was no rash. When, on the other hand, the gloves were worn, and the children repeated the practice, the rash returned. Clearly it was a case of cause and effect. Owing to competition, manufacturers endeavor to cut down the expense of production by using the cheapest form of dye; and the public support them by buying cheap products. There is not much economy in this, however. The old proverb should be remembered- cheap and dangerous.—*Provincial Med. Jour.*

CARBOLIC ACID INTERNALLY. — A practitioner of large experience sends the following:

In the few brief notes you have published on carbolic acid in indigestion, I think you have by no means stated the full range of the remedy even in this condition. In the first place, I have found carbolic acid in doses of from two to four drops a better antacid than any of the alkalies. It arrests fermentative action in the stomach, of whatever kind, with greater certainty, in shorter time than any drug I know of. And in sick stomach it often gives quick relief. In vomiting, from any of the usual causes, it is usually serviceable, and in some cases is of benefit where other remedies have failed. It frequently quiets the sick-stomach of pregnancy. I have used it almost daily in my practice for the past eighteen or twenty years, and know of no drug in which, in the conditions named, I put so much trust.—*Am. Prac. and News.*

Prof. Da Costa treated a boy æt. 12, with *pericarditis with effusion*, following a very severe attack of chorea, as follows: Potassium acetate ʒss every two hours; tinct. digitalis gtt. v. every four hours; whiskey f℥ij per diem; to insure quiet and sleep, a little paregoric at bedtime; do not interfere too actively with the bowels; the quieter in every respect the patient can be kept, the better; do not allow him to get out of bed under any circumstances as long as any effusion is present.—*Col. and Clin. Record.*

A YOUNG physician, who has just established himself, and has very little practice, is noted for his braggadocio. One of the older physicians, meeting him on the street yesterday, asked him how he was coming on. "I've got more than I can attend to," was the boastful reply. "I had to get out of my bed five times last night." "Why don't you buy some insect powder?" asked the old doctor.—*Ex.*

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TORONTO, APRIL, 1886.

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HEMORRHOIDS.

There has been a great deal written of late regarding the proper treatment of piles, with little or no reference, however, to the kind of piles referred to. One writer suggests the treatment of piles by the use of the ligature, and another by the employment of the hypodermic needle, another by the clamp and cautery, etc. Writers should be more careful, when speaking of the treatment of piles, to specify the nature, pathology, and situation of the tumefaction under consideration. Any suggestion on the treatment of piles, without a proper understanding of its character, only serves to confuse

The curative treatment of external piles is to lay them open and turn out the clot, or snip them off, and cauterize if bleeding occurs to any extent. Provided the pedicle is large and indistinct, the incision is the better treatment. After the blood has disappeared in the tumor, it may either be snipped off, or left alone if it is harmless.

An internal pile first makes its appearance in the form of a thickened, hard mass, with a granular surface, which is covered by a thin membrane, often breaking down and causing a gush of blood from the dilated capillaries. In this stage of the disease, the best treatment is to dilate the sphincter and apply nitric acid to the granular surface; a wire speculum being used to dilate, in order that a proper application of the nitric acid can be made. After this condition of the hemorrhoid exists for a longer or shorter time without cure, it gradually forms into a distinct tumor, the mucous membrane becomes thickened, the bleeding ceases, the connective tissue is increased, the capillaries are finally closed, the tumor enlarges, and a more or less tumor-like mass results, which may finally protrude through the sphincter in straining at stool. In this tumor the capillaries are in a manner obliterated—the mucous membrane, arteries, veins, and connective tissue, forming the tumor. The result of these tumors protruding through the spincter is well understood, and also the palliative treatment.

The curative treatment of this form of internal piles should vary with the appearance of the tumor. Provided the tumor is not very large and prominent, and is attached to a broad base of the mucous membrane, the injection of different fluids will afford certain and permanent relief. The injection is intended to reduce the tumor by setting up a slight inflammation, resulting in a gradual shrinking of the tumor, or cause it to slough, which is rare. Probably the best injection in use, and one that gives the least pain, is glycerine, water, and carbolic acid. This may be used in any proportion, but that which we prefer is six parts each of glycerine and water to one of carbolic acid. This solution may require many repetitions, but it gives little or no pain, and does not prevent the patient from attending to his ordinary duties. The injection is made with a common hypodermic syringe, the needle being thrust well into the tumor. The injection may be made every five or six days till the tumor disappears. In our hands the hypodermic plan of treatment has been the least objectionable to the patient, and the most satisfactory to us in selected cases.

The operation by means of the ecraseur, or clamp and cautery, is quite safe, so far as the immediate and curative results are concerned, but it will often leave a cicatrix that may subsequently give trouble; hence we do not practice it. The ligature treatment is probably more satisfactory than any other in the majority of well-defined hemorrhoidal tumors. It leaves little cicatrix, and gives permanent relief. The patient should be anæsthetized, placed in the lithotomy position, and the sphincter thoroughly but gently dilated with the fingers till its contractile power is completely lost. The tumor is then easily drawn down with a

toothed forceps, and is ready for treatment. If the tumor is large, it should be tied with a strong silk ligature, doubled and passed through the centre of the base, tying each segment separately. The hemorrhoid is then cut off a short distance from the ligature; provided, however, the tumor is not too large, a strong ligature tied tightly around the base answers every purpose. Great care should be taken to not remove too much of the hemorrhoid with the knife, for fear of cutting the ligature or causing it to slip. A suppository of opium, belladonna, and coca-butter—two grains each of pulv. opii. and ext. belladonnæ, and four of the butter of coca—is then introduced, and the patient put to bed and kept quiet for several days. The bowels should be opened by mild laxatives within four or five days.

Hemorrhoidal tumors vary so much in their appearance and character that they can not all be successfully treated alike. One pile can best be treated by the hypodermic injection, and another by the ligature in the same individual. In timid persons who have a dread of surgical operations, we would advise the slow, patient, and less offensive treatment with the hypodermic solution. When persevered in, it will cure most of the worst forms of piles with little pain to speak of, and no danger or inconvenience to the patient, provided the weaker solution is used.

EMPIRICISM IN MEDICINE.

Many a thoughtful physician probably, in intervals of leisure, when his mind is withdrawn for a time from the usual routine of his practice, is accustomed to reflect upon the progress and present state of the profession which he has adopted. If he is a reader and keeps abreast of the times; above all if he is himself an original investigator, and takes delight in discovering for himself the secrets of nature, the more often probably, will he allow his mind to dwell upon the more scientific or theoretical part of medicine.

As a rational man, as one to whom the public looks, not only as being a person devoting his life to the mitigation of suffering, but also as a person devoting his life to the discovery of the laws of suffering, this occasional review of the progress, and consideration of the present standing, of the science and art of medicine is a duty. If every medical practitioner in the world thought of nought else but the *practice* of his profession, its *science* would lamentably decline. Nevertheless there are evidences, we think, that even in these days there is exhibited far too much apathy upon this subject. True, medical works and magazines abound, and discoveries and inventions do much more abound; but this does by no means necessarily imply, that a real knowledge of the workings of nature in health and disease is making true progress. And for this reason: These discoveries and inventions may be, and often are, purely empirical. For example, by mere accident—by what might have eventuated in a grave error—it is found that the injection of ergot is as efficacious as that of iodine in hydrocele. What have we learned? Merely that in the next case of hydrocele which we have to treat, it will be immaterial whether we inject ergot or iodine.

This is a typical, though extreme, example of the way in which many advances have been made in medicine. They are truly empirical. Certainly, wonderful discoveries, thanks to the microscope, have been made. and legitimately made, by other and more logical methods. Still it remains true that these have not been as numerous as our hopes might have suggested. Where then lies the remedy? This is no easy question to answer. A few suggestive hints, however, may be hazarded.

Every variety of natural law, operating in health or disease, may be reduced to one of two classes: Chemical, or Physical. The term "vital processes," we know, is used; but what "vital" here truly means, we hesitate not to assert, no one can define. The only fields of investigation open to us are chemical and physical fields. If we are right in this, then the only rightful conclusion to be drawn is that, if we desire to see the science of medicine advance by the only path in which it can properly advance, we must devote our energies very much more in the future than we have done in the past to attaining a more accurate knowledge of nature in her chemical and physical aspects. That is to say, instead of resting satisfied with the fact that quinia is a specific for intermittent fever, that mercury is a standby in syphilis, that aconite lowers the temperature, and so forth, let us not remain satisfied with any such facts, learned purely empirically, but let us betake ourselves to our laboratories, and with retort and microscope ask,

Why are these things so? Only by a constant use of that word "Why," can scientific knowledge advance. It is necessary to seek for causes. Empirical knowledge is useful, very useful, but it does not exhibit reasons.

The subjects, then, to which we would strongly urge the younger members of the medical profession, and we address ourselves here more especially to physicians, to devote themselves in the future, are pathological histology and chemistry in relation to therapeutics—chemical therapeutics, if we may use the phrase. Let them try to discover what in its very essence is the action on the various tissues of quinia, of iodine, of aconite, etc., etc. This is the only method by which scientific progress can be attained, and we venture to believe that in a century or two from the present day this will be the only method followed.

ETHICS IN SURGICAL OPERATIONS.

In this age of thorough cleanliness and antiseptic treatment of wounds, there is a decided necessity for radical reform in ethics at surgical operations. Any and every surgical operation, no matter when or where performed, if on a human being, is for the benefit of the patient operated on, and not for the glory of the operator or for the instruction of himself or his *confrères*. To our sorrow, we have again and again seen the reverse of this obtain. It may be asked, how can men become experts in operating except by witnessing and participating in operations, and thus become familiar with the whole procedure in a practical way and verify every detail in a critical manner? We answer that the dissecting and post-mortem rooms, and not the operating amphitheatre, are the places to become expert in either making diagnosis or operating. No man, nor any number of men, no matter what be the pretext, have the least right to jeopardize the life of another human being—and that is what is constantly being done when a crowd is allowed, in an operating room to examine a wound that has just been made, or put the hand into a peritoneal, thoracic, or other cavity, without the operator knowing that that hand has been thoroughly cleansed and made aseptic.

This state of things is wholly wrong. If a physician is, through courtesy, invited to be present at an operation, he should remember he is only an invited guest so far as viewing the procedure is concerned. To all else he is an intruder, and an abuser of hospitality when he interferes. Again, we have seen surgeons who, while operating, apparently as a matter of routine, invite every one present to examine the wound or cavity they had opened. Any surgeon who does such a thing is surely forgetting the high responsibility that rests upon him especially, to guard the life of his patient at every point, to the utmost of his ability. A surgeon fully imbued with the responsibility of his work will invite to assist him only such persons as he may require, and he *knows* are thoroughly clean and free from infection. Having made these selections, he assigns them to their several places about the operating-table. These, and only these should be allowed to take part in the operation, and they only to examine the wound or cavity in cases of extreme doubt on the part of the operator, or when he requires and asks advice. When the operation is done the wound should be subjected to no manipulating by by-standers, but be promptly closed.

This is the only way that antiseptics can be used to any purpose, or with good effect. A rather good thing was the answer of a surgeon to a brother practitioner, who asked if a certain operation had been done antiseptically. The answer was—"Yes, somewhat." There can be no neutral ground in this question. Right is right, and nothing can make it wrong, and, wrong is wrong, and can never under any pretext be right. We are satisfied that the error spoken of is one of thoughtlessness, but it is none the less wrong and does just as much harm as if premeditated.

HALIFAX HOSPITAL MEDICAL STAFF.

During the past year a dispute took place between the "Board of Charities" or Commissioners, and the Medical Staff of the Halifax Hospital in reference to the appointment of the house surgeon. According to the by-laws of the Board "candidates for the position of house surgeon have to undergo a *competitive* examination before the Medical Staff, who shall communicate the result to the Board." Two candidates presented themselves, one of whom obtained eighty per cent of the total number of marks, and the other sixty-six. The "Board of Charities" however awarded the position to the

gentleman who obtained sixty-six per cent. The Medical Staff remonstrated against the action of the "Board," asked for an explanation, and receiving a very curt reply, resigned their positions on the Hospital Staff. This step also involved the closure of the Halifax Medical College. Friends of the Hospital and College at once stepped in with a view to restore harmony and prevent the closure of the school. At a conference of both parties it was agreed to submit the question in dispute to one of the Superior Court Judges. Some difficulty subsequently arose, however, as to the points to be submitted for the Judge's decision. The Board of Charities were willing to submit the question of their legal right to make the appointment they did, but not the propriety of their conduct in making it, and urged that there might be facts and circumstances which would justify them in the appointment of a candidate as house surgeon although he had not obtained the highest marks in a competitive examination. Of course the negotiations came to an abrupt termination, and shortly after, the secretary of the Medical Staff was informed that the resignation of its members had been accepted. The Board remained masters of the situation, a new medical staff was appointed, but the medical college was left in abeyance. The above is a bare outline of the facts of the case, so far as we can gather them, and we leave our readers to draw their own conclusions.

POISONING BY COCAINE.—Perhaps in no branch of medicine are the lines of the poet,

> "For man who knows no good unmixed and pure,
> Oft finds a poison where he sought a cure."

more applicable than in that which deals with the therapeutical action of drugs. It is not many years ago that the hydrate of chloral was introduced into medical practice, and soon its indiscriminate use led to its abuse in so many cases that by some it is held to be more an evil than a good. There appears to be a fashion in drugs as in most other things. The last new drug which bids fair to rival chloral in its wondrous diversity of applications is cocaine and its salts. The drug has been used in hay fever "with good success" in operations on the eye, tonsils, etc., but the latest application of this wondrous drug is recorded by Dr. Roberts, in the *New York Medical Journal*, who has performed two operations, one "femoral supracondyloid osteotomy for genu valgum" in a boy four years of age, the other "excision of the hip joint," both under the influence of superficial and deep injections of cocaine, *with no suffering to the patient*. It may not however be out of place here, amid all the enthusiasm which cocaine is creating, to enter a word of caution for the cases of poisoning by the drug are becoming neither few nor far between. Dr. Kennicott, in the *Chicago Medical Journal*, records a case of poisoning by the application of two-thirds of a five grain solution to both nostrils. The patient ultimately recovered, but not before considerable alarm had been created on her account.

MASSAGE IN THE TREATMENT OF INFANTILE PARALYSIS.—Dr. Murrell, in a recent lecture on the above subject (*Med. Press and Circular*) stated that after treatment during the acute stage of infantile paralysis by means of aconite, followed later on by physostigma and phosphorus, he recommended recourse to a carefully graduated system of *massage*, commencing with simple *effleurage* or surface rubbing, followed by *friction*, which is a more energetic application. As the case proceeds, kneading of the affected limbs or muscles is resorted to, and this is succeeded by, or combined with systematic *tapotement*, which is a form of percussion. This plan of treatment conscientiously carried out, has, when the case has not been too long delayed, been followed by excellent results, but it should only be done by the advice and under care of the medical attendant, as indiscriminate *massage* is likely to be futile and may be injurious. The operation should be conducted with dry hands on a dry skin, and all oils or other inunctions studiously avoided.

TREATMENT OF CONJUNCTIVITIS.—The idea that certain kinds of conjunctivitis are caused by microbes has been enlarged by Bieloff of Kiew (*Wiestnik oftalmology*), who goes so far as to say that all forms of this disease are attributable to living organisms, and especially to the gonococcus of Neisser. Acting upon this belief, he has treated some 65 cases of conjunctivitis of different varieties, with bichloride of mercury, with the happy results of an immediate amelioration of the symptoms, and eventually of a perfect cure in every case, in a shorter time than he could otherwise

have expected a cure to be effected. The corrosive sublimate acted as an abortive in acute forms, and in cases where some corneal lesion was present, and in which nitrate of silver would be consequently ill borne, it acted well in every respect. He never uses a stronger solution than 1 in 2000, or 1 grain in 4 oz. of water.

CALCIUM CHLORIDE IN ENLARGEMENT OF THE LYMPHATIC GLANDS.—Dr. Arthur Davies writing to *The Practitioner*, January, 1885, says that experience has shown him the great value of this agent in removing the enlargement of lymphatic glands, and especially when of a scrofulous nature. He instances one case of undoubted lymphadenoma in which a gradual improvement took place under the exhibition of large doses of the drug. In other cases, complete cures were effected, and the whole paper goes to show that this drug can be depended upon if properly administered. He advises it to be given in small doses three times a day, the dose to be gradually increased and continued for long periods. One patient, a male, aet. 37, took 40 grs. three times a day for the greater part of a year, though he began with a 10 gr. dose, which was gradually increased. No untoward symptoms were developed. He considers it useless in cases of scrofulous diathesis where suppuration has already commenced.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.—The rates given to the Delegates to the American Medical Association meeting, May 4, in St. Louis, have been fixed by the different Railroad Committees of the country, at one and one-third fares for the round trip. Delegates must pay full fare coming, and will receive on application, from the Agent at starting point, a certificate, which when signed by the Chairman of the Local Committee of Arrangements will entitle them to the reduced return rate. No reduced return ticket will be issued unless the purchaser can show a certificate issued by the Agent from whom he purchased the going ticket, and signed by the Chairman of the Committee of Arrangements.

LE GRAND ATWOOD,
Chairman Committee of Arrangements

A NEW HYPNOTIC.—Dr. Jasch, of Vienna, has introduced another new drug—*urethran*, to the notice of the profession. It was Dr. Jasch who brought forward thallin, and though urethran was first used by Schmiedeberg, the credit of first thoroughly testing it belongs to the former gentleman. It is an ethyl-ether and has for its formula $NH_2\ CO_2\ C_2\ H_5$. It is a white, crystaline body, easily soluble in water, having no odor and a not unpleasant taste. Dr. Jasch experimented first on animals and then upon some twenty patients, making over a hundred separate tests. He found that fifteen grains acted as a sure hypnotic, that it did not produce nausea or any unpleasant after-effects. Its action resembles that of chloral but is milder. It does not affect the peripheral sensory apparatus, and does not therefore directly relieve affections of that apparatus. It produces natural sleep, is without danger, and he therefore thinks will be a useful drug, especially in the treatment of children's diseases.

THE TREATMENT OF PEDICULI.—Mr. W. Frazer, F.R.C.S.I. recommends the expressed oil of staves-acre as having in his hands "proved by far the most safe and speedy remedy" in P. capitis as soon as the embryo has escaped from its chitincus envelope. It can be applied diluted with six to twelve parts of olive or almond oil, and the mixture, if considered desirable may be perfumed with any of the aromatic essential oils, such as lemon, bergamot, lavender or rose. It is applied in the same manner as ordinary hair oil, and if liberally used a single application will kill every pediculus. The encapsulated ova which escape will become developed within a week or ten days, and an occasional application of the medicated oil at short intervals will destroy the entire race.

ONTARIO MEDICAL COUNCIL ELECTION.—Since our last issue we have been informed that Dr. Henry, of Orangeville, has come forward as a candidate for the representation of the territorial division of Saugeen and Brock in the Medical Council. There are therefore two candidates in the field: Dr. Herod of Guelph, and the above named gentleman. A spirited contest may be expected.

EFFERVESCENT ENEMATA IN INTESTINAL OBSTRUCTION.—The *London Med. Rec.* says that Dr. Vondrodsky details a case of intestinal obstruction of five days' duration, in which all the usual means of cure having failed, success followed the

introduction of effervescent enemata every few hours. The enemata consisted of two injections successively administered, of ʒiij of tartaric acid in a glassful of water, and ʒiv of sodæ bicarb in the same quantity of water. The cure was complete.

MAURY'S OINTMENT.—The above named ointment has been in use in the Philadelphia Hospital for a number of years in the treatment of sores, ulcers, and venereal affections of the skin. It was first used by Dr. Maury, a former visiting physician of the Hospital. The formula is as follows:

℞ Ungt. hydrary nit. . . . . ʒi
Pulv. rhei. . . . . .
" opii *aa* . . . . ʒss
Cosmolini ad . . . . ℥i—M.

Rub the rhubarb and opium with the cosmoline and add citrine ointment.

LACTOPEPTINE.—We have used this article for some time in cases of indigestion, and can recommend it as a valuable remedy. Being a compound of the five active agents which are contained in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the summer diarrhœa of children. Owing to the great impairment of the vital forces, and feeble powers of the digestive tract, food frequently irritates and increases the difficulty. For such cases we have no agent in the materia medica as reliable as lactopeptine.

CARBOLIC ACID IN WHOOPING COUGH.—Dr. W. F. Cory writes to *The Lancet* that he has had remarkable success in the treatment of pertussis with carbolic acid, in as large doses as may be safely administered. He came to the conclusion that some antiseptic remedy would be beneficial from noting the effect that a greater or less amount of ozone in the atmosphere produced upon patients suffering from the disease, the whooping being aggravated when a small amount was present, and ameliorated under the contrary conditions. He advises that it shall be administered in tincture of tolu.

THE IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.—One of the difficulties experienced in the operation of staphylorraphy, is the flowing of the blood into the stomach and lungs of the patient. It has been proposed to obviate this, as well as to get the structures below instead of above the knife, by allowing the head to hang over the end of the table, or by so arranging the pillows beneath the shoulders as to bring the vertex of the cranium to rest upon the table.

INJECTION FOR GONORRHŒA.—Prof. Taylor recommends the following as an injection especially in the earlier stages of the affection:

℞ Bismuth. subnit. . . . . ℈j.
Morphiæ sulph. . . . gr. v.
Zinci sulph. . . . . gr. x.
Glycerini. . . . . ℥j.
Aquæ rosæ . . . . . ʒiij. M.

S.—Inject three or four times a day.

LOTION FOR DANDRUFF.—The *Med. World* gives the following as a good remedy for this troublesome condition of the scalp:

℞ Tr. capsici, ... 2 parts.
Glycerine . . . . . 8 "
Cologne. . . . . 2 "
Aq. . . . . 25 " M.

SIG.—Apply by means of a sponge every day.

FOR PAINFUL HÆMORRHOIDS.—Dr. Milx, in the *New Eng. Med. Monthly* gives the following as an excellent ointment for painful hæmorrhoids:

℞ Ext. hyosc.
Pulv. saffron . . . . *aa* ʒiij.
Plumbi acetat. . . . . ʒi.
Glycerol. amyli. . . . . ℥i. M.

A CURE FOR QUINSY.—Dr. Fritzinger, of Philadelphia, writing to the *Medical Summary*, says the following will "absolutely cure every case of ordinary tonsillitis" if promptly used:

℞ Pot. chlor. . . . . ʒii.
Tr. guaiac. . . . . ℥i.
Mel. dep. . . . . ℥i.
Aq. . . . . ℥iv. M.

S.—Shake well and take a desert spoonful every three hours in a tablespoonful of water.

CHLORAL IN WHOOPING COUGH.—This remedy says Joffroy (*Jour. de Médecine*), is the most reliable one we have for the treatment of whooping cough. He prescribes it in confection of currants which entirely disguises the taste. He considers 15 grains in twenty-four hours sufficient for children under 5 years of age, while in older children

30 grains and upwards may be administrated daily.

FOR ITCHING.—Dr. R. G. Gough (*Virginia Med. Monthly*), says the following will be found invariably successful in itching of cutaneous surfaces, whether the skin is whole or not :

℞ Sodæ biborat. . . . ℈i.
Acidi carbol. . . . gtt. xv.
Glycerin. . . . . ℥i. M.

SIG.—Apply as a lotion with camel's-hair brush.

COUGH MIXTURE FOR CHILDREN.—The following will be found an excellent cough mixture for children :

℞ Tinct. opii camph.
Spts. ammon. aromat. *aa* f℥i.
Ext. ipecac., - - f℥ss.
Syrup. pruni virgin., - f℥i.
Aquæ q. s. ad - - ℥iij.

Sig. A teaspoonful four or five times a day.

PAROTITIS AFTER OVARIOTOMY.—Metastasis, with implication of the genital apparatus, is a well known complication of parotitis, and from a number of cases reported by German and other observers, the reverse process appears to take place in certain cases after ovariotomy. Nine cases have been reported in which parotitis has followed the operation of removing the ovary.

SLEEPLESSNESS IN INFANTS.—The following is recommended instead of the usual sedatives :

℞ Cod liver oil, - - ℥iss.
Syrup of saffron, - - ℥ss.
Syrup - - - - - ℥j.

A tablespoonful four, five or six times a day. The therapeutic value of the above is due to the fact that the child is growing beyond its strength, hence the nervous wakefulness.

BUTTERMILK IN OBSTINATE VOMITING.—It will be gratifying to the profession generally, and to the country practitioner especially, to learn that uttermilk has been used (*Dr. J. H. Owings, N. Y. Medical Journal*) with entire success, in as many as fifty cases of this troublesome complaint. It is said to be especially valuable in vomiting brought on by debauch.

ONTARIO MEDICAL ACT AMENDMENTS.—Owing to the lateness of the session before the draft of the bill was brought before the House of Assembly, Dr. Cascaden, who had charge of it, found it impossible to obtain the several readings before the adjournment. It was therefore withdrawn and will be re-introduced next session.

BROMIDE OF POTASSIUM IN OVARIAN MENORRHAGIA.—At a recent meeting of the Brit. Gyn. Soc. Dr. A. Meadows stated, that no drug is as powerful in its action on the ovaries as bromide of potassium, that it controls the overflow, and lessens the frequency of ovulation.

ERRATUM.—In the last issue of the LANCET, in Dr. Poole's article on Cheyne Stokes' Respiration, page 199, inside column, fourth line from the bottom, for the words "the nervous system," read "in the Venous System."

PERSONAL.—Dr. T. R. Buckham, of Flint, Mich., author of "Insanity in its Medico-legal Aspects," has been elected a Fellow of the Society of Science, Letters and Arts, London, Eng. We congratulate our old friend on this mark of distinction.

STRYCHNINE TO PREVENT FLOODING.—It is said strychnine and iron administered for a month before labor, has exerted a remarkable influence in preventing *post partum* hemorrhage where severe flooding has occurred in previous labors.

WE regret to announce the death, on 13th March, of Dr. Austin Flint, Sr., of New York, also that of Dr. Angus MacDonald, of Edinburgh, on 10th February. Dr. Flint is well known to our readers as the author of a Treatise on The Practice of Medicine.

Books and Pamphlets.

THE USE OF THE MICROSCOPE, 2nd edition, by Dr. Carl Friedlaender, Privat-docent in Pathological Anatomy at Berlin. Translated by Henry C. Roe, M. D., M. R. C. S., L. R. C. P. (Lond.). New York : D. Appleton & Co. Toronto: Hart & Co.

The name of the author of this book is familiar to most English students, and we believe the present work will make it more so. Dr. Friedlaender has succeeded in presenting in a reasonably small compass all the important points as to microscopical examinations, conducted for

diagnostic and pathological purposes. He gives a concise statement of the processes employed in pathological histology, while the subject of examinations of schizomycetes is treated exhaustively, which will, we are sure, be especially welcome to students at the present time. This edition contains a colored plate of the most important and characteristics chizomycetes. The book is printed as only Americans print books. The translator is to be congratulated upon the success with which he has done his work, as it reads not like a translation, but as though written originally in English. We are sure the work will be very acceptable, and useful to the large number of students now engaged in microscopy.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M. D., Prof. of Diseases of Children Bellevue Hospital Medical College, New York. 6th edition Philadelphia: Lea Bros. & Co.

The above work has been carefully revised, and some parts entirely re-written. This was rendered necessary, by the advancement of the knowledge of children's diseases, and their treatment. Since the issue of the last edition, croup, cerebro-spinal fever, scarlet fever and infantile diarrhœa have been entirely recast, and the treatment of the same thoroughly revised. The author has studied in successive editions to make the work more useful to the medical student, and to the physician in his daily practice, and the scope and character of the present volume, is evidence of the success which has attended his efforts. We heartily commend the work.

A HANDBOOK ON THE DISEASES OF THE NERVOUS SYSTEM, by James Ross, M. D., F. R. C. P., Senior Assistant Physician, Manchester Royal Infirmary, etc. Pp. 726, 184 illustrations. Philadelphia: Lea Bros. & Co.

This is a new volume on nervous diseases, and bears evidence of careful and thorough work on the part of the author. The work is divided into two parts,—general and special neurology. In the first part, the author gives a brief outline of the evolution and development of nervous structures and functions, and general principles of treatment. In the second or special part, is given with tolerable fulness the clinical features of the various diseases, and the means of differentiating between those which are clinically allied. The work is thoroughly practical, and will be found an excellent guide not only to the medical student, but also to the medical practitioner. who wishes a comprehensive work on the subject.

LECTURES ON SYPHILIS, by C. Frank Lydston, M. D., Lecturer on Surgical Diseases of the Genito-Urinary organs, in the College of Physicians and Surgeons, Chicago, etc, etc., Pp. 176. Chicago: A. M. Wood & Co. Toronto: Hart & Co.

This is one of the best series of lectures on syphilis it has been our privilege to peruse. The author is evidently a high-class teacher, and presents his views in a most interesting manner. He has adopted the views of Otis, as the most logical and scientific which have yet been offered, in explanation of the pathological phenomena of the disease. The earlier chapters give a clear and comprehensive view of the pathology, which being read, leave a thorough understanding of the subject in the mind of the student. In the later chapters will be found a clear exposition of the treatment, with cautions as to the abuse of mercury. The book is well printed, and we can heartily recommend it to all who desire to get a plain and practical view of the subject, as taught by the most advanced pathologists and syphilographers of the present day, believing that it will prove more valuable to the student, than the larger and more comprehensive treatises usually read.

TABULÆ ANATOMICÆ OSTEOLOGIÆ. By Carl H. Von Klein, A.M., M.D., Dayton, Ohio. Cincinnati: Cincinnati Lithographic Co.

This is an anatomical hand atlas in Latin. The idea of the author is that the technology of medical science should be confined to one language. The engravings are excellent, and the work as a whole, one of great merit. We trust it will be appreciated by the profession, and such encouragement afforded the author as will enable him to complete the work. The present volume is devoted to osteology only.

DISEASES OF WOMEN, by Charles H. May, M. D., late House Physician to Mt. Sinai Hospital, New York, etc, etc., Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

In this little work the author lays no claim to originality, but it will be found a careful compilation from the more extensive works of Thomas, Emmet, Mundé and others. It might well take the place of the student's notes, as all the contents as regards etiology, etc., are carefully tabulated. The book will be useful to students preparing for examinations, and to practitioners as a handy book of reference.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, MAY, 1886. No. 9.

Original Communications.

FIBROID TUMORS REMOVED BY LAPAROTOMY AND ECRASEMENT—RECOVERY.

BY J. H, CARSTENS, M.D., DETROIT, MICH.,

Professor of Obstetrics and Clinical Gynecology, Detroit College of Medicine.

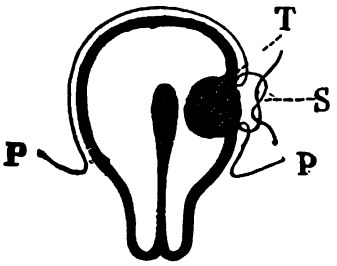
Every physician knows what is meant by fibroid tumors, although the name should probably be myo-fibroma, as it is composed of connective and muscular tissues, but I like the old name and shall say fibroid tumors. These tumors often cause great distress and even death, so that heroic means are often necessary to relieve the persons suffering from them. Two cases have lately come under my care which may be interesting to members of this society.

CASE I.—Mrs. C., seamstress; aged 40; has had no children, but a miscarriage ten years ago. Since then she has had more or less trouble. Menstruation painful and profuse. She first came to my office in September, 1884. Examination revealed an enlarged uterus, the cavity measuring four inches. Tumor in right iliac region, and very hard. No fluctuation could be detected. I diagnosed subperitoneal fibroid. I used ergot in various forms, as also tonics, but the tumor gradually increased in size; the pain and hemorrhage became more severe so that she insisted on an operation. As nothing could be gained by waiting, and she was failing fast, I sent her to Harper's Hospital. In the hospital a special room is kept for laparotomies which is in the attic, and isolated. This was thoroughly fumigated with sulphur and prepared for the reception of the patient. On June 15, 1885, the operation was performed. In the morning the patient had an antiseptic bath and the hair of the pubes was shaved. Everything being in readiness at 10:30, a.m., the patient was put under the influence of chloroform by Dr. Gailey. I proceeded to operate, kindly assisted by Drs. Longyear, Johnson, Davendorf, Warner and Wean. All the physicians and nurses were required to wash their hands in a corrosive sublimate solution one in one thousand. The instruments were kept in carbolic acid water of two per cent. Steamed sponges were used, in short every possible antiseptic precaution was made use of except the spray. I told those present that I could not tell what operation I would perform. I might remove the ovaries, or the tumor. An incision was made in the linea alba, just above the pubes, and 4½ inches long, down to the peritoneum. When the hemorrhage was stopped, the peritoneum was incised on a grooved director to the same extent. The abdomen could now be explored, and I found that the tumor was imbedded in and surrounded by the right broad ligament. There was another smaller tumor at the anterior fundus of the uterus. The ovaries were adherent, as also the fallopian tubes. The observations of that distinguished English laparomist, Lawson Tait, go to prove that when the fallopian tubes are removed as well as the ovaries, the menopause is always established; but if the ovaries only are removed menstruation often does not cease. In this case I concluded to remove both tubes and ovaries, but as all were adherent I thought the patient would be subjected to less danger from secondary hemorrhage, septic poison, etc., if I enucleated the tumors, and closed the wound, by folding in the peritoneum and suturing it. I therefore made a longitudinal incision through the peritoneum down to the larger tumor, and then commenced to enucleate it. When I got to its attachment to the uterus the hemorrhage became profuse; I therefore applied a ligature to the pedicle. The tumor was cut off; all bleeding vessels ligated with silk; the peritoneum was folded in, and sewed together with interrupted sutures. The smaller tumor was then attacked by an incision and enucleated.

The wood cut will best illustrate the folding-in of the peritoneum. T the site of the tumor and S the sutures. The abdominal cavity was now thoroughly cleansed; the external opening closed by five deep and six superficial silk sutures and antiseptic gauze applied, the latter being held in

*A paper read beiore the Canadian Med. Association, '85.

place by an abdominal bandage. About twenty vessels were ligated with silk, and cut short as was also the ligature of the pedicle. All the ligatures and sutures (of different sizes) were of Skene's silk, which was simply corded surgical silk, boiled for some hours in a mixture composed of carbolic and salicylic acid, each one drachm, and white wax one ounce. The patient re-acted well. ½ grain of morphine was given occasionally; catheter used every six hours; temperature taken every two hours. But I need not weary you with a long record of the same. The first few days she vomited often, which the ordinary remedies did not check. Bismuth, soda and carbonic acid water were all used without avail. On the fourth day she asked for lager beer, and as that is principally carbonic acid water containing a small quantity of alcohol and malt extract in solution, I could see no objection to its use, and allowed half an ounce every two hours. The first dose stopped the vomiting. The next day it was alternated and the dose increased to first one and then two ounces.



The stomach caused no more trouble after this. On the eighth day steak and potatoes allowed, as also eggs. On the next day the temperature went up to 102½. It had always been about 100, rising to 103 on the 11th day. Two grains of quinine every two hours were ordered. A small abcess along the course of one of the deep abdominal sutures was the cause of the trouble. It broke on the 16th day and the temperature fell to normal. I now thought that the patient could soon be discharged, when she got a severe chill and pelvic cellulitis developed in the right side. Quinine was used freely, and iodine applied over the seat of the trouble. In the course of ten days the swelling and other symptoms gradually subsided, and five weeks after the operation the patient was discharged—cured. A few days later she was at her usual vocation, dressmaking, running a sewing machine, walking over a mile on a stretch, and so on. The large tumor was 4½ inches in its long diameter and three inches in its short diameter. The small one was 1½ by one inch.

CASE II.—Mrs. S., aged 45; sterile; family history good; never was sick until eight years ago. She noticed that menstruation was profuse. This gradually increased until two years since, when she noticed an enlargement of the abdomen, and then consulted a physician who told her she had a tumor but should let it alone. The hemorrhage became more persistent, continuing for three months. Sometimes it would stop for a few days, and again last for weeks and months. When she consulted me she was very weak and anæmic. Examination revealed the os uteri dilated about one inch, and just within, a tumor could be felt like a child's head. It was a sub-mucous fibroid which had gradually been forced into the uterine cavity. The hemorrhage and severe labor-like pains required prompt attention, and I advised an operation. She consented, and on the 25th of August, assisted by Prof. Webber and Dr. Jones, of Leesville, I operated. She was put under the influence of chloroform, placed in Sims' position and a perineal retractor introduced. Efforts to dilate the os proved unavailing, and then with a pair of dull scissors I snipped the os towards the rectum; grasped the tumor with a vulsellum forceps, and was then able, after considerable work with a spoon saw, to apply the ecraseur and remove the growth, which was about four inches in its long and three inches in its short diameter. I then sewed the cervix with silk. I tried to use perforated shot, but found the latter not large enough to slip over the silk, and so had to make an ordinary knot. I generally use perforated shot to hold the sutures when operating for lacerated cervices, fistulæ, etc., as follows:—I slip on the two ends of the sutures three to six perforated shots and compress the last one only. If I want to remove the sutures I have only to cut the suture between the last two shots, pull off the others and have the long suture to catch hold of and pull out. This plan facilitates the removal of the sutures which is sometimes troublesome. My patient rallied well and rapidly gained strength—she was able to sit up on the sixth day.

If I should draw any conclusions from these cases and my experience, in abdominal sections in general, I should say it is often impossible to decide

positively what operation is best to perform before the abdomen is opened. The operator should always be willing to modify or change the operation, and be prepared for all emergencies.

BELLADONNA IN THE TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

BY H. AUBREY HUSBAND, M.B., C.M., B.SC., UNIVERSITY OF EDINBURGH, F.R.C.S.E., ETC.

The frequency and difficulty experienced in the treatment of nocturnal incontinence of urine among children, and occasionally among young adults will be my excuse for publishing an account of the following case, occurring in a lad of nineteen years of age. The cause of this complaint is not always clear, for it has been ascribed to want of care on the part of the mother or those in charge of young children, to worms, to some affection of the bladder or urine, to fright, etc. Be the cause what it may the Draconian method of some parents of punishing their children either by repeated whippings or the deprivation of some harmless pleasure must be condemned without any reservation. The only effect of such a method of treatment that I have ever seen is to make the complaint worse. But as it is not my intention to enter into a discussion of the various methods of treatment, I shall content myself with the details of the case, which has called forth this paper:

T. B.——, æt. 19, the eldest of four sons, all of whom have been troubled with the same complaint from birth. The patient had, at various times, been treated with the tincture of belladonna, but with no apparent benefit, and it was only when it became necessary for him to leave home on business that a cure became a pressing need, and I was asked to do all I could for him. The patient is a fine healthy lad of a somewhat hasty, nervous temperament, which he inherits from his mother. There was no history of worms, but he suffered from chronic constipation, to relieve which the following pill was administered night and morning, and then only at night for some months:

℞ Ext. Aloes Barb. . . . gr. iii.
Ext. Nucis Vom. . . . gr. ½.
Gum. Mastiche . . . . gr. ½.
Fiat. pil.
Sumat unum nocte maneque.

The lower bowel was washed out every night with an enema of warm soap and water, and then a suppository containing one grain of belladonna placed in the rectum. The object of the enema was to clear out any hardened fæces or thread worms, which, by their presence, might by their irritation produce the incontinence. This treatment was rigidly continued for three months with some slight benefit, a week or two passing without a return of the complaint. The amount of belladonna was now increased to a grain and a half. And then a new symptom made its appearance. The nocturnal incontinence ceased, but the patient during the day became troubled with a constant desire to pass water, the annoyance was so great that he had to micturate every five minutes. The suppository was then ordered to be used night and morning, with the entire discontinuance of the nocturnal and diurnal trouble. During the last three months the pupils became permanently dilated, but there was no irritation of the skin, and only occasionally slight dryness of the throat. In six months a complaint which had lasted nineteen years was completely cured, and the patient was enabled to proceed to the continent on his business, taking with him a mixture containing nitro-muriatic acid, strychnia and gentian. The conclusions I have drawn from the above case are these, that of all preparations of belladonna the extract is the best, that the success in treatment, to a great extent, depends on the clearing of the rectum of its contents, and the application of the belladonna as near the bladder as possible, and that partial success at first is no reason to discontinue the treatment in despair. The case is interesting, as occurring in a family of four boys all affected with the same complaint, and from the fact that the second son, who formed a clandestine marriage at 16, was cured without treatment of any kind.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I saw an article in the March number of the LANCET contributed by my friend, Dr. Dewar, on his experience with peritonitis.

I, too, have had what seems to me to be an unusual experience with it. I have had 16 cases within a radius of five miles in the last three months. I have had two deaths, both within

twenty-six hours from the onset of the pain. I held a post-mortem on one, a man of 34, and found perforation of the Vermiform Appendix due to the presence of an orange or lemon seed. I was not allowed to hold a p. m. on the other, a young man of 25, but from the history I concluded he had ruptured a blood vessel. He had done some very heavy lifting for two days before he was taken ill, and after his death over a gallon of apparently pure blood poured from his mouth.

I could not trace any cause for the disease in any of the other 14 cases. They were not limited to any particular class, age or sex. They rated as follows :—3 cases, women over 60 years ; 4 cases, men between 55 and 72 years ; 2 cases, married women aged 25 years ; 1 unmarried woman, aged 22 years ; 1 boy, aged 14 years ; 5 cases were from 19 to 31 years of age.

None of the cases I had suffered from epistaxis. One, the young woman, had pleurisy on the right side at the same time. The cases I had, evidently differed from those described by Dr. Dewar, (fortunately for me) as, though some lingered, in every case they improved from the time the system became fully under the influence of opium.

Yours, etc.,

Morpeth, Ont., March 23, '86. A. M. SHAVER.

Reports of Societies.

MEDICO-CHIURURGICAL SOCIETY OF MONTREAL.

Regular meeting, 19th March, President in the chair.

Dr. Roddick shewed a case of excision of the elbow joint, where he removed the articular surfaces of the radius, ulna and humerus. The result was quite successful, as the man was acquiring strength and use of the arm. Dr. R. also exhibited for Dr. Bryson, of Port Arthur, a so-called sarcomatous tumor of the testicle ; also, two tuberculous testicles, one of which he had removed to-day.

Dr. Gardner exhibited a uterine fibroid and uterus removed by the clamp after the manner of Dr. Keith, of Edinburgh. The case is doing well.

Dr. Trenholme said that this case was well suited for the V shaped operation as devised by himself, and carried out with success upon several occasions. The tumor was small, uniform, and the neck distinctly discernible.

Dr. T. J. Alloway gave a report of a case of "Alexander's" operation, where he found great difficulty in finding the round ligament, but being assisted by Dr. Roddick and Gardner, the cord was secured and the operation completed. As the case occurred in a child-bearing woman, and the uterus could be easily replaced in position, Dr. Kingston, Kennedy and Smith questioned the expediency of the operation. The effect of the operation upon those who became pregnant was yet to be seen.

Dr. Trenholme said that Alexander's operation, though sometime before the profession, had not yet obtained an unquestioned place in gynecological surgery. There is still doubt as to the particular class of cases in which it may reasonably be expected to be useful. Further study is needed as to the anatomy of the round ligament. This line of investigation could be helped forward by those who have charge of the dissecting room. If the ligament is frequently found to be imperfectly developed, we will then have to see in what class of cases this anomaly exists, for upon this fact will depend the election of cases. It is with this end in view that I now give the details of a case lately under my care. The history of the case is as follows :—The young lady is 26 years of age, slight build, but regularly and symmetrically developed, from earliest appearance of the menses has been a sufferer. There are severe pains preceding and following the menstrual flow. Her sufferings are so severe that she is obliged to lie in bed and take sedatives, or have hot fomentations for their relief. The menstrual pains are gradually increasing in severity and duration, so that now they last for 6 or 7 days. During the flow, and for about a week before the premonitory symptoms of the flow, she enjoys comparative comfort. Upon examination the uterus is found retroverted, the fundus is well down into the hollow of the sacrum. The left ovary is dislocated and occupies the pouch of Douglas, it is tender and slightly enlarged. The left fallopian tube and right ovary are normal, but the right fallopian tube is enlarged, probably due to chronic inflammation. The uterus is easily replaced, but the prolapsed ovary on the left side, and the diseased tube on the right side, renders the retention of any form of support, a difficult matter. There are no indications of thickening of

the tissues from pelvic cellulitis. Under these circumstances I proposed Alexander's operation as a substitute for the more serious one of removal of the ovaries and tubes. The operation was undertaken, when I found the left round ligament so extremely attenuated that it afforded no hope of a successful result, and consequently the operation was abandoned. The vein accompanying the cord was very much congested, which I regard as indicating serious congestion of the pelvic viscera. Now, in this case I have no doubt but that this congenital defect of the round ligaments is responsible for all the displacements and suffering of my little patient. I might add that, withdrawing the cord to the extent of two inches, gave no control of the uterus; whether this was due to a superfluous extent of cord, or some internal adhesions I do not know. This case has been an instructive one to me. From it I would gather, that the cases most likely to be benefited by this operation are those of acquired luxations in those who have ceased bearing children, and where we have reasonable ground to expect a normal developement of the round ligament. I submit this case as a small contribution to the literature of this subject, in the hope that other and abler observers may pursue the investigation, and define, with approximate certainty, the class of cases in which it should be performed.

Selected Articles.

CHIENE'S CONTRIBUTIONS TO PRACTICAL SURGERY.

1. When the surgeon is called to a scalp-wound, he has first to satisfy himself as regards its depth. If it does not implicate the pericranium, it may be looked upon as a comparatively trivial accident; but if the pericranium is torn, the bone is exposed, and the probability is that the blow has been a severe one, and that the bone is more or less bruised. To discover the exact condition of the wound, the finger is the best probe, and the finger-nail passed over the exposed bone is the best guide to the exact condition of the bone. The probe is not nearly so certain an instrument in diagnosing the presence of a fissure. When the pericranium is torn and the bone bruised, the injury to the soft parts is of minor importance; the injury to the bone and its pericranial covering is of special importance. In such a case the application of a pad of dry lint, fixed in position by a roller bandage, may result in rapid union; but after such treatment, every now and then disastrous results followed. The rule now is in scalp wounds thoroughly to purify the wound with a 1 to 20 solution of carbolic acid, using, if need be, in cases in which the wound is ingrained with dirt, a nail-brush, by the free use of which a thorough purification can be effected. Any bleeding vessels are secured by ligature; a cat-gut drain is laid along the wound to ensure free drainage, and the edges of the wound are brought together with horse-hair stitches. In the hairy scalp it is necessary to shave the edges of the wound. A piece of protective, covering not only the wound, but the extremities of the cat-gut drain, is applied; then a pad of gauze, the deeper layers of which have been damped with the lotion, or a pad of salicylic wool or Hartmann's wood wool which is impregnated with corrosive sublimate. This must be carefully fixed in position with a bandage, and care must be taken to apply this bandage in such a way that it will not come off, viz., by carrying the bandage round the head under the occipital protuberance above the eyebrows and under the chin, so as to make a complete cap. To ensure the stability of the bandage, it is safest to use a darning needle and darning cotton, with which the edges of the bandage may be carefully stitched together. This dressing, as a rule, may be left on for a week or ten days, when it is removed, and the wound is found dry. The horse-hair stitches can then be removed.

A severe scalp-wound is sometimes complicated with fissured fracture of the vault of the cranium, and, as has been said already, the finger-nail is the best means of diagnosing a fissure. In such cases the treatment is the same as in scalp-wounds without fracture. In a fissured fracture of the base of the cranium, implicating the petrous portion of the temporal bone, the middle ear, and the membrana tympani, the external meatus should be carefully washed out with 1 to 20 carbolic lotion, and the ear stuffed with carbolic gauze. It is in reality a compound fissured fracture, and should be treated with careful antiseptic precautions. Depressed fractures of the cranium are either simple or compound. In simple depressed fracture the surgeon should not trephine until there are well-marked symptoms of compression. In compound depressed fracture there is a tendency in the present day to wait for symptoms before elevating the depressed fragments. For my own part, I am of opinion that the elevation of the depressed fragments does not in itself increase the danger. If the surgeon waits until symptoms have appeared, the accompanying inflammation of the membranes cannot with any certainty be checked by the elevation of the fragments; and therefore I am of opinion that in the adult, at any rate, the fragments should be elevated without delay. In children the resiliency of the bones is such that, in uncomplicated cases of com-

pound depressed fracture, the surgeon may wait for symptoms; but even in them, in a severe case, it would be well to elevate the fragments at once. In punctured fractures, which are always compound, all are agreed that trephining should be performed at once, because the sharp splinters of the dense inner table will sooner or later cause inflammation of the membranes of the brain.

The experimental reasearches of Hitzig and Ferrier into the localization of the motor areas grouped around the fissure of Rolando have increased the interest of those injuries to the practical surgeon; and it is of great importance that a careful record of the symptoms in all cases of injury in that region should be kept. In order to do this with facility, the surgeon must be able to localize the exact situation of the fissure of Rolando. Various rules are laid down for this purpose. In the writer's opinion, one of the simplest methods is that described by Mr. A. W. Hare (*Med. Abs.*, p. 51. 1884). As the result of his observations, Mr. Hare found that "the distance from the glabella to the fissure (of Rolando) was on the average 55·7% of the distance from the glabella to the external occipital protuberance." The "general direction of the fissure" was ascertained by "noting the angle which its axis, as represented by the line between its extremities, forms with the mesial line of the head." The average angle in the 11 cases examined was found to be 67°.

2. The tumor of the scalp of most common occurrence is the wen, a thick walled cyst containing sebaceous matter. It is unnecessary in the removal of a wen to cut away the hair over it. All that is required is to make a linear parting with a comb over the tumor, and the tumor is then transfixed with a sharp pointed curved bistoury, the incision being directed towards the vertex, to avoid injury to the bloodvessels. The most superficial part of the cyst wall is often friable; and as it is of importance to remove the cyst wall entirely, the dissecting forceps with which the cyst wall is grasped must not be applied to the superficial friable portion; but one blade of the forceps should be pushed under the cyst at one extremity of the incision, the other blade grasping the inner surface of the cyst, and then, with a quick jerk, the whole cyst is removed without any laceration.

Thin-walled cysts are frequently met with about the eyebrows. These cysts require to be dissected out, and if any portion of the cyst wall is left, they are apt to return. In the dissection of these thin-walled cysts the wall is very apt to give way, the contents escape, and the cyst collapse; and if an attempt is made to finish the dissection in the collapsed condition, portions of the cyst wall may be left. The difficulty is overcome in a very simple way. If the cyst bursts during the dissection, squeeze out the contents, and stuff the cavity completely with a strip of lint, so as practically to change the cyst into a solid tumor; and if this is done, the dissection can be completed without difficulty.

3. In old people soft warty growths are often met with on the face. It is dangerous to apply irritating caustic substances to these growths, because if they are irritated they are apt to take on an epitheliomatous action. They are best treated by excision.

4. As the result of cold, acute inflammations sometimes occur in the parotid and submaxillary regions under the strong fascia. Unless tension is relieved by the timely application of leeches or by incision in these cases, suppuration is apt to occur under the fascia. If the incision is made entirely with the knife, important structures may be divided; and in these situations, as well as in deep-seated inflammations below the sterno-mastoid muscle, in the posterior triangle of the neck, and in the axilla, Hilton's method should always be adopted. A short incision is made through the skin and subcutaneous tissue, and a grooved director is then insinuated through the fascia into the inflammatory area. If no pus appears, then the director is withdrawn; and the hæmorrhage which results from the puncture, and the escape of the serous effusion through the opening of the fascia, may be followed by the subsidence of the inflammation. If pus appears along the groove in the director, then a pair of dressing forceps is passed along the groove into the abscess; the director is withdrawn, the forceps remaining in position; the forceps are then opened and withdrawn, with their blades apart, in order to enlarge the opening in the fascia, allowing of the free escape of the pus and the introduction of a drainage-tube. Thus all deep-seated suppurations can be opened without risk.

5. In the removal of epitheliomatous tumors affecting the lower lip, the subcutaneous injection of a 4% solution of cocaine into the tissues surrounding the tumour enables the surgeon to remove the mass without pain. This drug can also be used in a similar manner in the removal of an epitheliomatous nodule from the tongue.

6. In strumous enlargement of the glands of the neck, cicatricial deformity is common, which necessarily occurs if the suppurating masses are allowed to open of themselves, or if they are simply opened when pointing takes place. The best way to treat such cases is either to excise the enlarged glands in the early stages of the disease, before they have become matted to the surrounding tissues by inflammation; or in the latter stages of the disease, when suppuration has occurred, the sharp spoon must be freely used, in order to remove entirely the degenerating gland tissue. Rapid healing and less deformity is the result. The danger also

of secondary mischief in the lungs and elsewhere is in this way minimized. Tumors of the neck occurring under the sterno-mastoid muscles are divided into simple and malignant growths. If simple in character, they may be removed, however large they may be, with comparative safety. The great points to be attended to are—free access to the growth, and a dissection down to the tumor. If malignant, they should, as a rule, be left alone.

7. The removal of foreign bodies from the nasal cavity is best effected by the use of a small scoop. The foreign body is best seen by the aid of reflected light from a laryngoscopic mirror. The scoop is introduced horizontally above and beyond the foreign body. The handle of the instrument is then elevated, tilting the foreign body out through the anterior opening. The sensitiveness of the mucous membrane of the nose is greatly diminished by painting the parts with a solution of cocaine.

8. In the treatment of ranula by grasping the cyst wall with a pair of catch-forceps, and removing an elliptical portion with curved scissors, the wound is apt to heal too rapidly before the cyst contracts, and a reaccumulation of the glairy fluid is apt to occur. By seeing the patient daily for a week, in order too introduce a probe into the incision, too rapid healing is prevented.

9. It is not always easy to make a diagnosis between syphyilitic diseases and epithelioma of the tongue. Syphilitic disease is generally central, an epithelioma lateral. Iod. pot. is used to clear up the diagnosis. Care must be taken not to be deceived by a temporary improvement, because this occurs in epithelioma by persistent use of the iodide.

10. In acute tonsillar inflammations in which suppuration is suspected, a Græfe's knife is the best instrument with which to make the diagnostic puncture. This instrument is of the greatest use in all cases of suspected suppuration. After the knife is introduced into the inflammatory area, it is rotated, and if pus is present it escapes at the side of the knife. The incision can then be enlarged, so as to allow of the free escape of matter. If there is no pus present, the knife can be withdrawn. In the case of the inflamed tonsil, the puncture may be repeated at two or three different points, and the resulting hæmorrhage often relieves the inflammation. The knife should always be pushed directly backward, to avoid any risk of wounding the internal carotid trunk. In a large proportion of cases of inflamed tonsil the suppuration occurs at the upper extremity of the tonsil, and the matter can only be properly reached by introducing the knife through the soft palate. Any fulness and inflammatory redness of the palate is an indication for a puncture in this situation. The removal of a portion of a chronically enlarged tonsil should not be performed when there is any acute inflammation present. In performing this operation on the adult, the tonsil should be grasped with a vulsellum, and the projecting portion removed, the surgeon cutting from above downwards in a vertical direction with a probe-pointed bistoury. To avoid injury to the dorsum of the tongue, a piece of lint should be wrappped round the blade of the knife, so as to cover that half of the cutting edge which is nearest the handle. The probe-pointed knife used should cut to the point, and must be very sharp, in order that the operation may be done satisfactorily.

11. In opening a retropharyngeal abscess, the operation cannot be performed with antiseptic precautions if the abscess is opened from the mouth; and in those cases in which there is any suspicion of disease of the vertebræ, the abscess should be opened by Hilton's method, the matter being reached through an incision along the posterior border of the sterno-mastoid muscle, an inch below the apex of the mastoid process of the temporal bone.

12. When a surgeon is called in a hurry to a case of choking, he should not delay in order to obtain œsophageal forceps or probangs, because. if the foreign body has reached the œsophagus, the immediate risk to the patient's life has passed away. If death is imminent, then the foreign body, generally a piece of meat, is in the pharynx and blocking up the rima glottidis, or it has passed into the box of the larynx. If in the first situation, it can be displaced by the finger. If in the second situation, the operation of laryngotomy is called for.

When the obstruction is complete, there is no time to perform the more difficult operation of tracheotomy. If the foreign body has reached the œsophagus, if it is a piece of meat or a piece of bread, or any digestible substance, the simplest way to get rid of it is to push it onwards into the stomach with a probang. If, however, it is a metallic substance, it should, if possible, be removed by the mouth. Before attempting removal, the first point to clear up is its exact situation. This is best done by passing a bulbous-shaped bougie. The bulbous head, measuring about half an inch in transverse diameter, should be made of solid metal, giving the instrument a certain weight. The stem of the instrument should be of whalebone, about the size of a No. 8 catheter. If this instrument is passed along the œsophagus, the foreign body may be felt as the instrument is passed downwards. In some cases, however, the obstructing substance will be best localized as the instrument is being withdrawn, and in the withdrawal of the instrument the foreign body may be brought along with it. Should this not take place an endeavor must be made to grasp the foreign body with forceps. If the metallic substance cannot be removed by the mouth, the operation of œsophagotomy must be performed.

If the foreign body has passed into the trachea, the operation of tracheotomy should be performed before inverting the patient. There is a risk in inverting the patient before performing tracheotomy, because a substance may stick in the box of the larynx and choke the patient. If this occurred, then tracheotomy would be called for, and in the hurry could not be properly performed.

13. *Hare lip.* This congenital deformity may be single or it may be double. If double, the præmaxillary central projection may, if of any size, after partially dividing its base, be displaced backwards, and utilized to fill up the gap between the superior maxillary bones. As a rule, however, if it is rudimentary, after dissecting off the triangular portion of skin upon its surface, it may be removed. In doing this the hæmorrhage is often profuse, and must be checked by pressure before proceeding with the operation. The malformed upper lip is often tacked down to the maxillary bones, and the mucous membrane must be freely divided so as to allow the edges to come into easy apposition. The edges are to be freely pared, and care is to be taken to avoid a cleft at their point of junction at the edge of the lip.

14. *Tracheotomy.* This operation is called for in cases of laryngeal difficulty of breathing. The trachea is nearest to the surface at its upper part, and the high operation above the isthmus of the thyroid is more easily performed than the low operation below the isthmus of the thyroid. The deep veins are comparatively unimportant above the isthmus, while below the isthmus the inferior thyroid veins are of large size. Care must be taken in the administration of chloroform that the patient be not deeply narcotized, in order that he may be able after the trachea has been opened to cough up the blood which may pass through the tracheal wound into the trachea. In performing the operation the knife should be used until the sterno-hyoid and sterno-thyroid muscles have been separated. When this stage is reached, the upper tracheal rings should be cleared with the director, the best for this purpose being Spence's hernia director. If this director is used, the risk of wounding the deep veins lying on the trachea is lessened. If these veins are wounded they should be ligatured, and all bleeding should have ceased before the trachea is opened. No attempt should be made to open the trachea until the upper rings above the isthmus are fully exposed. The tracheal rings are best divided with a sharp-pointed curved bistoury. A sharp hook is passed into the substance of the cricoid cartilage; and, the back of the knife resting upon the finger-nail, the knife is pushed into the trachea, and the surgeon cuts the uppermost rings between the isthmus and the cricoid cartilage. The handle of the knife is introduced into the slit thus made, and is then turned transversely, so as to separate the edges of the tracheal incision. The tracheal tube is then introduced. At first the tube is held at right angles to the long axis of the tracheal wound, until the extremity, of the tube is fairly within the tracheal cut, when the long axis of the tube is carried to the middle line, and the tube is pushed onwards into the trachea.

The primary object of the operation is to relieve the laryngeal obstruction, and to allow air to reach the lungs. The operation, however, has a secondary value—the inflamed larynx is rested. After this operation the patient may die either of the disease for which the operation has been performed, or he may die from blood which has passed into the trachea during the operation reaching the ultimate bronchi, and giving rise there to septic lobular pneumonia. Hence the importance of preventing as much as possible any blood from passing into the trachea during the operation.

21. In severe cases of suicidal cut throat, a transverse direction of the wound causes great gaping of the edges. The wound is generally close above the box of the larynx, or it may be through the thyroid cartilage. As a general rule, the safest thing for a patient is to perform tracheotomy immediately, and carefully stitch together with catgut the different structures which form the sides of the gap, but the skin and subcutaneous tissues with deep stiches of double horsehair. Prevent tension on these stitches by keeping the head well forward, and introduce a drainage-tube at either corner of the wound. The depressed condition of the patient, and the risk of a persistence of the suicidal tendency, require that he should never be left without an attendant. He must get plenty of nourishment. This is best administered through a large-sized catheter introduced through the mouth or nose, past the wound, into the upper part of the œsophagus.—*Edin. Med. Jour.*, Dec., 1885.

SUTHERLAND ON THE PREMONITORY SYMPTOMS OF INSANITY.

It will be my object, in the time I have at my disposal, to describe as briefly as possible the most important premonitory symptoms of insanity, and to conclude by making a few remarks upon their treatment.

Esquirol recognized three distinct stages of insanity. In the first, there is a change of habits; in the second, perversion of the affections; and the third constitutes true insanity. The first set are usually seen only by the relatives of the patient; the second, by the family-physician; and the third, by the asylum-superintendent, when they are now so far advanced that any attempt at prophylactic treatment is out of the question.

It is almost impossible to say from the premonitory symptoms what form the insanity will assume,

unless, indeed, the patients have suffered from a previous attack. Almost all authors agree, however, that insanity rarely commences with excitement. As an exception, may be mentioned the mania which is produced suddenly, after a moderate amount of alcohol, in a person who has previously sustained an injury to the head, or has had a sunstroke. But the majority of cases are preceded by a stage of depression, which has been called by Guislain the "stadium melancholicum."

To estimate the duration of these premonitory symptoms is, as a rule, impossible, as the relations of the patient, either from deficiency of experience or from a wilful perversion of the truth, only throw obstacles in the way of the practitioner, who is trying his best to get at the real etiology of the case.

From a long experience of such matters, I have no hesitation in saying that, in my opinion, some eccentric act on the part of the patient, done many years before the actual outbreak of the mental disease, can be detected in the majority of cases, if the early history of the patient be only carefully investigated.

Irritability and a tendency to take offence are very common at this stage, sometimes accompanied by moroseness and silence, or again by noisy scolding and fault-finding with servants. There may be an indifference to usual employments, or, on the other hand, a restless pursuit of novel occupations. Delusions of suspicion and jealousy are now developed against those with whom the patient has always lived on good terms. And it must be remembered, in sifting evidence, that there are occasionally good grounds for these delusions.

Sometimes the patient thinks he is ruined, and again he may launch out into endless extravagance, giving orders for carriages and horses which he will never be able to pay for.

Loss of memory is also a very marked symptom. A patient will remain seated in your consulting room much longer than is necessary, and long after you believe the interview is concluded. He will get up in the night, and think it is the morning. He will take three or four hours to dress, owing to his performing parts of the toilet more than once, and forgetting that he has done so. He will eat voraciously, or he will neglect to take his food, simply from loss of memory.

The mental and the bodily symptoms now begin to act and to re-act upon one another. Through forgetfulness, the patient neglects to take exercise, and to attend to his bowels, and through the stagnation and constipation thus produced an increased feeling of malaise and depression comes over him. A general neglect of personal appearance will not escape the eye of the expert practitioner. The expression of the face is also strangely altered, the lines of the features becoming more marked in melancholia, but obliterated and dim in epileptic cases. In acute hysterical mania, and in puerperal insanity, the cornea becomes bright, prominent, and staring. But, on the contrary, in masturbating insanity, the patient seldom looks you in the face, and, when he does so, there is an absence of that expression of the sympathetic eye of De Quincy, which is so eloquently characteristic of a healthy mind. A row of paupers at work on a road can thus be distinguished from a gang of lunatics. In the one case they will all "catch your eye," as you drive past: in the other case they will not.

A word as to bodily symptoms. The posture, and even the gait, of an insane person is abnormal. The skin, as a rule, is harsh and dry, although sometimes perspiring. It emits, in some cases, a peculiar odor, although this has been denied by the highest authorities. Occasionally rigors, feverish heat of skin, and elevation of temperature, are noticed, which, however, are usually due to some accompanying somatic condition, the cuticle being, as a rule, dry or clammy. The tongue is usually white and coated, and the breath offensive, from refusal of food and neglect of the bowels, which are, at this stage, almost invariably confined. The appetite is generally deficient from want of fresh air and exercise, and from constipation. The circulation is commonly feeble at first. The pulse is either slow (50 to 60) or too rapid (120), in delirious cases.

Generally speaking, the face is pale, but in very rare cases there is great congestion of the head, heat of the scalp, and throbbing of the carotid and temporal arteries. Headache is a very common symptom. This is produced partly by the changes, functional or organic, which are going on in the brain and its membranes, partly by the presence of an excess of bile in the system, due to the neglect of his health on the part of the patient, and also from a condition either of plethora or of anæmia, local or general, in the head and whole system.

Sexual appetite is in abeyance in some cases, as in those of bilious melancholia. It is in excess in others, as in those of general paralysis, and, oddly enough, is conspicuously so in senile dementia. The maid-servant is frequently found to be pregnant by the master, before any mental aberration is discovered by the relations, in this form of mental disorder.

The catamenia are frequently suppressed, although many attacks occur and run their course without any abnormality being observed in this function.

Impairment of some of the special senses, real or imaginary, is sometimes noticed. Deafness is occasionally simulated. Real abnormal sensations of heat and cold, of pricking and electrical shocks, of attempts to shake the bed of the patient, and of irritation, referred to the ends of the fingers and toes, are also frequently noticed.

The voice of the patient is almost always altered, becoming low and almost inaudible in the stadium melancholicum, but high in pitch, should mania be developed. Sometimes the patient talks more rapidly, sometimes more slowly and deliberately, than usual. Sometimes he will raise his voice and shout; in other cases, he will speak only in a whisper, or not at all.

Articulation is rarely affected, excepting in general paralysis. The style of conversation is, however, often changed, oaths and obscene language being uttered by those who were never previously known to be guilty of such conduct. Muttering and talking aloud to the patient's self is frequently noticed.

Not unfrequently the patient will roam about the house, or wander away from home on an objectless journey. One patient, now in my asylum, walked barefooted from London to Portsmouth, before admission, under some religious delusion.

Delusions, illusions, and hallucinations are, however, comparatively rare during the premonitory stage. When they are developed the disease may, as a rule, be pronounced as being insanity, and all prophylactic treatment is now useless. The ship must go before the wind, and you must steer it, as best you can, through the tempestuous course which will lead to recovery, to death, or to hopeless dementia.

A word, if I am not trespassing too long on your valuable time, as to treatment prophylactic, medical, moral, and hygienic.

1. *Prophylactic.* If a patient have been known to have an attack regularly every year, which is not uncommon, send him for a trip with an expert and agreeable medical man, a month before the time of the onset of the mental disorder is expected. This frequently not only staves off one attack, but sometimes even prevents an accession of future attacks. But if the slightest premonitory symptom should exist, keep him at home, as he must undoubtedly undergo the course of the disorder, and it is extremely dangerous that he should do so, if far away from good medical advice.

2. *Medical.* Bromide of potassium, or chloral, or belladonna, may be used where there is heat of head or sexual excitement. Opium and morphia in anæmic cases. Judge by the condition of the pupil whether opium or belladonna be indicated. Antimony is the sheet-anchor in violent cases. Do not add digitalis. Calabar bean is indicated in the early stages of general paralysis. Iodide of potassium and mercury often allay excitement, when the mental symptoms are due to some syphilitic taint.

Hydrocyanic acid, with or without the bromides, is useful in robust cases of mania.

Henbane, in my hands, has proved a disappointing remedy. It is feeble as a sedative, and only valuable as such in large doses, such as half an ounce of the tincture; and even in small doses it often produces headache.

Combinations of drugs are invaluable, such as chloral with bromide of potassium, chloral with the liquor morphiæ bimeconatis, bromide with cannabis Indica, in acute mania; bromide with ergot, in recurrent insanity; morphia with assafœtida, in hysteria.

Conium is useful where there is much motility: quinine in intermittent insanity; and sumbul or chloral in the status epilepticus.

Aperients are almost always required in the early stages. The milder purges are, as a rule, indicated. These are: Æsculap and Hunyadi Jànos waters; granular effervescing citrate of magnesia; stewed prunes, oranges, and similar domestic remedies. In extreme cases, enemata are necessary, which must sometimes be administered daily, and, if there be no obstruction, croton-oil. Avoid pills, as the patient, if suicidal, will hoard them up, and then take a poisonous quantity.

Should medicine be refused, a subcutaneous injection is occasionally useful, but I prefer disguising my remedies. Chloral in beer or port-wine, tincture of opium in coffee, antimony in any liquid (as it is tasteless); and, as regards aperients, calomel between thin slices of bread and butter; syrup of senna in a cup of tea, in lieu of sugar; and other similar harmless modes of deception are now allowable.

3. The *moral treatment* must consist of a mixture of kindness and firmness; and, above all things, we must remember that each case requires different treatment.

4. The *hygienic treatment* is obvious. Let the patient walk out daily till he nearly drops from fatigue, and soon all complaints of loss of sleep and want of appetite will cease; and, although the disease may yet have to run its course, the symptoms will be milder, and the outlook more hopeful, than would have been the case if the patient had been allowed to have his own way.

I must apologize for the concentrated form in which I have been obliged to put these remarks. Let us not think that, by treating the premonitory symptoms of insanity, medical men will want for work. As long as human nature, sexual intercourse, and alcohol exist, so long will there be excess; and, in consequence, plenty of work for our profession—whether we endeavor to sound a note of warning to the foolish, or to alleviate the distress of those who now undeservedly suffer for the sins of their forefathers.—*Br. Med. Jr.*, Jan. 30, 1886.

THE DRY METHOD OF TREATMENT IN UTERINE DISEASE.

Dr. Engelmann said that this was to be merely a preliminary paper, as he had not yet fully per-

fected this method of treatment and was not quite ready to place it in full before the profession, but as the same innovation was often in the minds of several, he wished to make the announcement before the society and claim this method which he had gradually evolved, as his own. As a method, in its outlines, it was satisfactory and practically complete—yet he felt that he had not yet reached all he wished to attain until he had succeeded in devising a sensible method of applying impalpable powders to the uterine mucosa and evenly distributing them over the surface of the membrane. The dry treatment with powders and medicated cotton, acting upon the uterus, the body of the organ, and the surrounding tissues, was the leading feature of his method of treatment.

Dr. Engelmann reviewed the various methods of treatment customary in different countries, and characterized America as the land of nitrate of silver and iodine; the former, once most popular, now gradually yielding to the latter. He had long since given up as injurious, rather than useless, the use of strong intra-uterine applications, generally speaking of course, as in certain cases they were needful, and the only proper remedy; he severely criticised the very common custom of mopping the uterine cavity with strong solutions, especially the altogether too common and indiscriminate use of nitrate of silver and iodine, to which since the days of carbolic acid, iodized phenol had been added—the three fluids, which, in this country generally make up the armamentarium in the treatment of uterine disease.

Dr. Engelmann had at first naturally followed the practice of those about him, but soon gave up the indiscriminate use of strong fluids, using weak solutions, or dilute fluids. Since 1873 he has endeavored to replace fluids, whenever possible, by powders, at first trying tannin, iron, nitrate of silver (in small proportions) in bacilli, but the preparation was expensive and unsatisfactory; nor did Mitchell's gelatine pencils quite answer, but last spring Mr. Mitchell, of Philadelphia, prepared a very delicate gelatine pencil, which answers better than anything yet made for the purpose of intra-uterine treatment. So also the iodoform pencils of Parke, Davis & Co. are very serviceable.

These he uses in case he deems it necessary to treat the mucosa directly, in certain cases, however, resorting to fluids. In the majority of cases he relies on medication applied to the cervix by means of cotton and the powder blower. He deems it wrong to treat a diseased uterus through its smallest and most delicate part, the mucosa, but would rather rely on treating that sensitive membrane through the uterus, hence the use of powders and medicated cotton.

Dr. E. mainly uses iodoform, borax, bismuth, oxide of zinc, alum, tannin, calomel, and sulphate of zinc, which are dusted over the cervix and vaginal walls. Iodized, carbolized, borated, tannated, salicylated and iron cotton, and corrosive sublimate jute he considers the most delicate means of applying a remedy, as it is kept in contact with the parts, until gradually absorbed; the cotton at the same time, must be judiciously placed, so as to rectify such malposition as almost always exists more or less in a diseased uterus.

This method is a most happy combination, as it combines the best and least irritating way of ameliorating displacement with a delicate and effective method of treating the co-existing pathological condition. Moreover, a support, such as is afforded by the properly placed cotton or jute tampon, is an aid of treatment and a relief to the patient, in morbid conditions not directly complicated with displacement; the sensitive afflicted parts are supported; a strain is removed.

The glycerine tampon, once so popular, Dr. E. uses but little, but admits that under certain distinctly marked conditions, it renders admirable service; but even there it is not necessary, other means can be substituted, and he prefers them to this filthy remedy.

The dry method, the treatment of the uterine mucosa through the muscular and surrounding cellular tissue has beyond the advantage of greater certainty, that of comfort and cleanliness; it is not painful, the patient does not suffer in the office, is not in agony during the treatment, nor does she go home to be reminded of her suffering by hours and hours of cramps and pain. She leaves the office comforted, feeling better.

Dr. E. does not cast aside intra-uterine applications, but claims that they should no longer be resorted to as a routine method of treatment, and when called for, should usually be of milder character than now commonly applied.

Many a victim to pessaries will be spared when the dry powder and cotton treatment is adopted, as the gradual replacing of the diseased organ is far better accomplished by medicated tampons, whilst the morbid condition is at the same time done away with, than by the irritating and dangerous pessary. Not that the doctor desires to interfere with the pessary in its proper place as a support to the movable and healthy, but displaced uterus.

The pessary, the intra-uterine application, the glycerine tampon, all find certain indications, but have done great harm by the indiscriminate abuse to which they have been put. More generally serviceable, more reliable as a method of treatment, and less dangerous is the dry method, the treatment of the entire organ, or the mucosa through the corpus and cervix with powders and medicated cotton. Dr. E. soon hopes to devise a method of successfully distributing impalpable powders over the surface of the mucosa, and will then consider his method complete.

Such gentlemen as have witnessed Dr. E.'s treatment have never failed to appreciate its advantages, and the powder blower, which could not be obtained in the city previous to its use by Dr. E., is now to be had at most of the instrument makers.

Dr. E. has already demonstrated the advantages of this method in his department of the "Polyclinic" and cited a number of cases of disease of the mucosa with profuse discharge, previously treated by others by the intra-uterine method, which had been treated in the "Polyclinic" exclusively by the dry method, with the most rapid and surprising results, and promised soon to publish a number of case histories, carefully kept by the staff, which will demonstrate more clearly the method and its advantage.

Dr. E. closed his remarks with the wish that his colleagues would test the method which he had found so efficacious. The doctor was aware that dry cotton and powders had been used of old, but never in such combination and as the mainstay of the gynecologist, and no such method had ever been advocated or published; hence he lays claim to this method at the perfection of which he has so long labored, and claims it as his own.—*Am. Med. Digest.*

FOTHERGILL ON HEPATIC DISORDERS.

The functions of the liver and kidneys are closely linked together; and in those derangements where the urine has a thick sediment and the bowels are disordered, the old-fashioned doctor who shook his head and oracularly uttered, "Liver!" was not such a fool as it has recently been the rule to regard him. First cut down the amount of albuminoids eaten or drank, in order to reduce the demand upon the liver; then sweep away the waste from the blood by a pill at bedtime:

Pulv. pip. nig.	grs. ij.
Pil. col. comp.	grs. iij.

and in the morning:

Sodæ pot. tart.	℥ j.
Sodæ sulphatis	ʒ ss.
Tinct. zingiberis	℥ ss.
Inf. gentian	℥ j.

with an equal quantity of boiling water so as to make the draught as hot as can comfortably be borne. Let this be done twice or thrice a week, till the tongue is clean. When that is done, give the

Sodæ sulphat.	℥ j.
Sod. et pot. tart.	ʒ ss.
Tinct. nuc. vom.	gtt. vj.
Inf. cascarillæ	ʒ j.

Ter in die before meals, and the pill twice a week.

If there be general asthenia, do not proceed to give iron until the tongue is thoroughly clean, the water clear, and the appetite good; and then commence with two or three drops of the dialyzed iron once a day, after food. In other cases, where there is only slight constipation, with deposits in the urine, especially after meals, give the old-fashioned dinner pill:

Pulv. ipecac.	grs. j.
Pulv. capsici.	grs. ss.
Ext. cinchonæ	grs. iij.
Pil al. et myrrh	grs. j.

every day after dinner. It will be found very efficacious. If this dinner pill does not act sufficiently, give the morning laxative twice or thrice a week, so long as the bowels require it. Then as to the union of laxatives with tonics, it is well often to combine these two agents. In convalescence, tonics never act genially, if there be not at the same time regular and sufficient action of the bowels; so, add sulphate of magnesia or sulphate of soda to the tonic.—

Mag. sulphat.	grs. xx.
vel sod. sulphat.	℥ j.
Quin. sulph.	grs. j.
Ac. phos., dil.	m. xv.
Inf. gentian	ʒ j.

Ter in die before meals, and ten minims of dialyzed iron after dinner, daily, will usually give good results; or,

Mag. sulphat.	℥ j.
Tinct. fer. mur.	m. x.
Liq. strychniae	m. iv.
Morphiae sulphatis	gr. ss.
Inf. quass.	ʒ j.

Ter in die: forms a less expensive tonic, of much utility.

But in this use of laxatives, with occasional mercurials, avoid the pitfall of letting the patient eat with unlicensed abandon.

Now, in conclusion, let me tell the student to strive to see what are the indications for treatment what in this case, calls most imperiously for attention. He is taught too exclusively, at present, to look at disease from a deadhouse point of view. To make a diagnosis which would be corroborated in the deadhouse in the great matter! Yes, so it is at a medical school; but in practice for yourself, remember that a living, grateful patient, who has got well under your care, is worth far, far more to you than any amount of accurate diagnosis—which, so far as other persons and their opinions are concerned, is as voiceless to further your interests as the tombstones in the churchyard which mark your failures.—*Indian Med. Jour.*

The British Gynæcological Society numbered four hundred before the close of its first year.

HAMAMELIS IN VARICOSE VEINS.

BY B. F. NICHOLLS, M. D.

In April, 1883, I read in the *Philadelphia Medical Times*, No. 402, an article by Dr. J. H. Musser on "The Treatment of Varicose Veins with Hamamelis." A few days after I read this article, Mrs. W., a married woman, age 35, called at my office on account of swelling and varicose veins of the left leg. On examination, I found the left leg considerably swollen, with here and there large dark spots, which on pressure were quite soft and somewhat tender. These spots were as large as eggs, and situated on the inner aspect of the calf. The right leg was all right. Mrs. W. was three and a half months pregnant with her fourth child. She had always experienced trouble with the veins of her left leg while pregnant, beginning about the third month of pregnancy, and continuing till delivery. In her former pregnancies her leg had been treated by bandaging, which afforded some relief, but her distress was so great that at times she was compelled to seek relief by lying down. I concluded to try the hamamelis and ordered her to take one teaspoonful ext. hamamelis four times a day in a wineglassful of water. She began to improve at once, and continued to take the drug till delivered. Her leg gave her no trouble, the swelling and varicose veins disappearing altogether. Mrs. W. is again pregnant, and the varicose veins appeared again at the usual time. She is now taking hamamelis with success.

The second case is a young colored man, age 30; has had varicose veins for two years. He got some relief from bandaging, but relief was only temporary. Last November he came to my office with a ruptured vein, considerable oozing of blood. Put on a compress and ordered hamamelis, teaspoonful every three hours. Saw him next day, took off compress, no bleeding. Continued hamamelis. Did not see him again for two months, when he reported at my office well. Have seen him several times since, and he has no return of his varicose veins.

The third case was a woman, age 50 years; was a washerwoman; had had varicose veins for a long time; did not remember when they first came; was treated by adhesive strips and bandage, but always returned after the bandages were left off for a short time. I gave her hamamelis, two teaspoonfuls three times a day in water. She got entirely well in two months, and has remained so ever since.

The fourth case, a woman, age 47 years, sent for me May 10, 1883. I found her sitting in a chair, bent forward till her face was between her knees, her hands clasped firmly together, her legs stuck out in front, covered with wet cloths. I do not think I ever saw in my life such a picture of utter hopelessness as this patient. When I approached her, she looked up, and in the most piteous voice exclaimed, "For God's sake, can you do anything for me?" On examining her legs, I found the cause of all her troubles: both legs were a mass of ulcers from the knees to the ankles. From the ulcers was oozing a clear fluid, which soon turned the cloths black. Situated a little behind the knee were several bunches of varicose veins. I thought I had found the original trouble. On inquiry, she said at first, some five years ago, her leg was full of large veins and considerably swelled, and the ulcers came afterwards. I put her on extract of hamamelis, a teaspoonful every three hours, and told her to keep cloths wet with hamamelis applied to the leg. She recovered in two months and all she has left to remind her of her former trouble is considerable discoloration on the anterior aspect of her legs. She walks all about the city, experiencing no trouble whatever.

In conclusion, I would say that I consider hamamelis almost a specific in varicose veins from almost any cause. I did not find it disagree in any way with my patients. It is not at all unpleasant to the taste.—*Philadelphia Medical Times.*

PERMANGANATE OF POTASSIUM IN AMENORRHŒA.

Dr. Billington recently read a paper in which he first showed the importance of the subject by a reference to the sixty-nine cases reported by Ringer and Murrell, and quoted their conclusions regarding the class of cases in which the drug was useful. Since Ringer and Murrell's article appeared, the remedy had been employed by many other physicians, both abroad and in America, and the results had been tolerably uniform. The author's experience had been limited to four cases, but these, taken in connection with those reported by Ringer and other authors, possessed some significance. In the first case the patient was eighteen years old, chlorotic, and suffering from malarial poisoning. For the nine months that she was under observation she menstruated only once, and then just after the administration of permanganate of potassium. She positively refused, however, to continue the medicine, because of the gastric disturbance which it caused. The second case was that of a girl of seventeen, who had menstruated regularly until a certain exposure to the rain, when the flow became scanty and almost colorless; her health then declined, and she suffered from headache, coldness of the extremities, pallor, etc. Besides other remedies, she was given permanganate of potassium in two-grain capsules, three times a day, but they were discontinued for a time on ac-

count of gastric irritability. Before the next period, the condition of the stomach having been improved, she was able to resume the capsules, when she menstruated normally, and rapidly regained perfect health. The third case was that of a girl about eighteen, who had menstruated regularly, but, without known cause, had ceased to menstruate, and became chlorotic and feeble. Other remedies having failed to restore the menses, permanganate of potassium succeeded. On one or two occasions, however, while the remedy was being continued, a period passed without any flow, probably because such large doses were not given as were said to be necessary in some cases. In the fourth case the patient, who was sixteen years old, had begun to menstruate a year before. The flow had appeared only four or five times, and she had palpitation and shortness of breath. She began with two-grain capsules of permanganate of potassium three times a day, and during the night of the first day, when she had taken three capsules, the flow came on. This patient also complained, after taking the medicine, of an unnatural sensation under the upper part of the sternum.

With regard to the manner in which the remedy acted, different views were held. The author agreed with those who did not believe the beneficial effect was due to its improving the blood and anæmic state; some patients so benefited were not anæmic, but, on the contrary, were plethoric. There were also conflicting views as to whether permanganate of potassium or other forms of manganese acted as general blood restoratives. Ringer denied it; others held an affirmative view. Regarding the question whether binoxide of manganese was equally efficient as an emmenagogue as permanganate of potassium, the published testimony was not abundant, but Ringer and Murrell thought it was, while Dr. T. Gaillard Thomas considered it equally efficient and much better tolerated by the stomach.

Regarding the method of administration, it had been seen that permanganate of potassium often produced severe gastric disturbance, and some preparations were more likely to produce this result than others. The author preferred to give it in capsules. Its use should be begun a week before the expected menstruation, and, if it acted favorably, might be continued during the interval, or be suspended and resumed at a corresponding period the next month.—*N. Y. Med. Jour.*

NEW PROCEDURE FOR REMOVAL OF SMALL CALCULI, Thomas Annandale, F.R.C.S. Ed,—Although lateral lithotomy is a most successful operation in male children, it must, I think, be acknowledged that in the case of small calculi, this operation is a severe one, considering the small size of the irritating body to be removed. Erichsen remarks, "Very many boys are cut for stone every year, and recover; but I scarcely recollect to have met with a middle-aged adult who had been operated on in childhood." Case—A boy, aged 4½, stone in the bladder which had existed for about a year. The usual symptoms were present and well marked, and, upon sounding him, I detected a small and light stone. Dec. 10, under chloroform; dilated his urethra, by passing Nos. 6, 7, 8 and 9 silver catheters in succession. The first three passed readily, but No. 9 was slightly grasped in its passage. Before removing this last catheter, four ounces of antiseptic fluid (corrosive sublimate 1 to 4000) were injected through it into the bladder. This catheter being withdrawn, a small lithotrite, having a diameter about equal to a No. 8 bougie, was introduced along the urethra into the bladder. After a little careful manipulation, the stone was seized, and fixed between the blades. It was then found that, by depressing the handle of the lithotrite, its vesical extremity, together with the stone, could be readily felt through the abdominal wall immediately above the pubes. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal wall over the pubes, and for a short distance above it. The various tissues were divided, until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the enclosed stone were pressing. A little further depression of the handle of the lithotrite caused the extremity of its blades covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder by cutting upon the extremity of the lithotrite, the blades of the lithotrite, together with the stone, were pushed through the wound. The stone was here extracted from between the blades of the lithotrite; and the open extremity of a No. 7 India-rubber catheter was seized, and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches, and a drainage-tube introduced into it so as to aid the escape of any urine which might flow from the bladder-wound. Irrigation with corrosive sublimate solution (1 to 2000) was employed, with a dressing of corrosive sublimate wool. The stone removed was about the size of a horse-bean, of uric acid formation. For the first 36 hours the urine was slightly tinged with blood, passed principally by the abdominal wound: but, after this, it flowed through the catheter, which had been secured in the bladder. Forty-eight hours after operation both drainage-tube and catheter were removed, the patient not having had the slightest bad symptom. For 12 hours after the

removal of the drainage tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation. It may be said that this is simply a suprapubic lithotomy, and so it is, but I maintain that it is a much less serious proceeding than the ordinary suprapubic operation, as the bladder is scarcely disturbed, and the wound made in it is very limited. Its advantages over lateral lithotomy are:—1. That the urethra, prostate, and neck of the bladder are left uninjured; 2. That it is a much more simple proceeding, and does away with the principal risks which have occasionally been encountered in performing the operation on children. It requires a little manipulative dexterity to seize the small stone, but not more than a surgeon should possess. In certain cases the same principle might be carried out, by bringing the stone to the neck of the bladder, opening the prostatic part of the urethra, and thrusting the blades of the lithotrite and contained stone into the perineal wound; but in the case of children there can, I think, be no doubt that the suprapubic method is preferable.—*Brit. Med. Jour.*, Jan. 2.

THE MANAGEMENT OF PLACENTA PRÆVIA.—At the close of an interesting paper on this subject, Dr. Malcom McLean, of New York, offers the following rules in dealing with placenta prævia:

First. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hæmorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet the irritation.

Second. Inasmuch as the dangers from *hæmorrhage* are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third. In primiparæ, the mothers with rigid tissues, the *vagina* should be well distended by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth. In the *majority* of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough continuous* hydrostatic pressure of a Barnes' dilator than pressure by the fœtal parts.

Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth. In some cases, in the absence of sufficient assistance or the necessary instrument, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

Ninth. The dangers of septic infection by means of the tampon or Indian-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hæmorrhages, septicemia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.—*American Journal of Obstetrics*, March, 1886.

VIBURNUM PRUNIFOLIUM IN ABORTION.—Dr. W. Macfie Campbell, of Liverpool says; Since the publication of Dr. Wilson's paper in the *Liverpool Medico-Chirurgical Journal* of January, 1885, I have had the opportunity of testing the use of viburnum prunifolium, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely endorse the good opinion he has formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine-treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pains, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscar-

riage; and although I have so far only the notes of six cases, of which five were successful, yet, these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to the viburnum. The case of failure was my first.

Case 1.—Mrs. B., two months pregnant, had discharge of blood, with uterine action. She was treated in usual manner, with opium and rest for two days, when extract of viburnum, in two grain doses, three times a day, was ordered. There seemed no effect upon the pains, the os continued to dilate, and the uterus was soon empty. Perhaps the dose was too small; at any rate, I had lost two days, which I take to be the reason of the failure.

Case 2.—Mrs. H., pregnant for the seventh time, two months and a half, was awakened by a gush of water early one morning, followed by a bloody discharge. On examination, the os was soft and dilatable. She was kept in bed, and given at once three grains of extract of viburnum every four hours. There was no return of bright blood, and the discharge gradually ceased. The relief of the pain after the first dose was in this case very marked.

Case 3.—Mrs. B., in her sixth pregnancy, one night during the fifth month was awakened by the "breaking of the waters," the escape being sufficient to saturate her night-dress and bedclothes. This was followed by pains. I saw her in the early forenoon, and gave three grains of the extract three times a day, and there was no further symptoms.

Case 4.—Mrs. G., in the fifth month of her second pregnancy, had a bloody discharge, with uterine pains. The same dose was used, with the same good result.

Case 5.—Mrs. W., in the second month of her sixth pregnancy, had already two miscarriages. Two grains of extract of viburnum, three times a day, gave relief, as also a month afterwards, when the same threatening symptoms appeared.

Case 6.—Mrs. S., first pregnancy, fourth month. This case was particularly interesting from the fact that miscarriage had been imminent in her case at each monthly period. The first and second attacks occurred in America, when she was given viburnum, and her medical man provided her with a large store of the liquid extract, which he told her was unknown in England. She had an attack at sea, and in due time in Liverpool, and was pleased to discover that the drug could be taken in pill, and was equally efficacious, as the liquid extract is very nauseous. While I was from home she had another attack, in which she was attended by Dr. Westby, who considers she was only saved from miscarriage by the viburnum. During this attack, she took her pills five and six times a day; in fact, her faith was such, that she would have taken too many. Bromide of potassium was also given to allay nervous excitement.

Two other cases turned up during my absence, both of which completed their miscarriage; and I cannot help feeling that, if they had been treated with viburnum, the result would have been different. One sent for Dr. Westby on the third day; the other was treated by another doctor with opium and morphia hypodermically.

It does not do to build too much on the result of these few cases; but I have been so constantly foiled in my endeavors heretofore to prevent miscarriage, that I hope to have found in viburnum the sure arrester of uterine action, which we certainly at present do not possess.

As recommended by Dr. Wilson, I prescribe the solid extract prepared from the liquid extract.—*British Medical Journal, February 27, 1886.*

DIAGNOSTIC VALUE OF THE WHITE STREAK IN SCARLATINA.—This phenomenon, which can be produced by rubbing a soft body upon the skin which is affected with the scarlatinal eruption, is considered by the author an important diagnostic sign of scarlatina which has hitherto been overlooked. When in the normal condition one draws a line upon the skin with a smooth surface, as the rounded extremity of a pencil, and uses moderate pressure, there may be observed at the points touched a white line which lasts for some time. This paleness is due to the moderate excitation of the vasomotor nerves and the contraction of the small vessels which follows it. If the pressure has been very strong, in place of a white line a red line bordered by two white ones is produced. The excitation in this case has paralyzed, temporarily, the small vessels in place of contracting them while in the area which is contiguous where the pressure has been less strong the excitation has led only to constriction of the vessels. In certain diseases the effects which are obtained by this procedure vary greatly. Trousseau, for example, has shown that in patients suffering from meningitis a red line is produced by pressure with the greatest ease, and this has been called the meningitic line. It may also be produced in all the diseases which lead to perturbation of function in the nervous system. Thus, it may be produced in many cases of typhoid fever, in erysipelas, variola, rubeola, and the diphtheritic eruptions. But it is not the same in appearance in scarlatina during the entire period of the eruption. In place of getting the red meningitic line, a pale, rather persistent line is produced, which extends plainly to the bottom of the eruption. This fact was long ago noticed by Bouchut, and was considered a valuable sign as a means of diagnosis, both in children and adults. It is not equally prominent and distinct at all periods of the eruption, Velpeau having observed that it is not produced when the

efflorescence of scarlatina is at its highest degree of development. In the diphtheritic, eruption, which resembles that of scarlatina accompanied with angina, the excitation of the skin produces a red line and not the white one of scarlatina. This sign is especially valuable in those cases of measles in which the eruption closely resembles that of scarlatina. The same is true in variola, in which other differential signs are often absent. It must be borne in mind that the important feature in making this test is that the white line appears upon the surface which is covered by the eruption. —*Archives of Pediatrics.*

MEDICAL NOTES.—*For Sore Nipples.*

R.	Zinci sulphatis	gr. xv.	
	Acidi lactici	gr. xij.	
	Glycerini	℥ ij.	
	Amyli	ʒ iij.	M.

Sig.—Apply with a camel's hair brush between nursings, taking care to wash off before putting child to breast.—*Medical Monthly.*

For Whooping-cough.

Rothe (Memorabilien) recommends the following after an experience of fifteen years in its use:

R.	Acidi. carbolici,		
	Spts. vini rectif. . . .	*aa* ♏ viiss.	
	Tr. iodini	gtt. v.	
	Aq. menth. pip.	℥ iss.	
	Tr. belladonnæ	♏ xv	
	Syr. diacodii	ʒ ijss.	M.

Sig.—A teaspoonful every two hours.—*N. Y. Med. Journal.*

For Gastro-Intestinal Atony.

Nouveaux Remedes gives the following formula for this condition:

R.	Tr. nucis vomicæ	℥ ij.	
	Ext. rhamnus pursh. fluidi .	℥ ijss.	
	Syrup.		
	Aq. lauro-cerasi	*aa* ℥ ij.	
	Aq. dest.	℥ j.	M.

Sig.—Three or four teaspoonfuls a day.

For Cystitis.

R.	Tr. elaterii	ʒ i to ℥ ij.	
	Ext. belladonnæ fl. . .	gtt xv to gtt xxx.	
	Aquam q. s.	ad ℥ iv.	M.

Sig.—A teaspoonful every two or three hours.

In conjunction with this the patient should drink freely of watermelon seed or slippery-elm bark tea.—Dr. Floyd Clendenen, in *Therap. Gazette.*

Colic Mixture for Children.

R.	Sodii bromidi	℈ iv.	
	Ol. anisi	gtt. ij	
	Tr. opii camph.	gtt. xxxij.	
	Aquam q. s.	ad ℥ ij.	M.

Sig.—Shake and give a teaspoonful every hour as required.—*Indiana Pharmacist.*

VICARIOUS GENEROSITY.—"A lady of quality," a peeress to wit, sent her butler to a well-known physician, a man who, were we at liberty to mention his name, would be generally recognised as one of the busiest men in London, with the request that the patient might be examined and prescribed for, gratuitously, of course. "My good man," said the physician, "as you are my lady's butler, you are not a suitable person to be treated at the hospital where I see poor patients for nothing; in my own consulting room, my time is too valuable; here is a guinea, go and see my junior colleague, Dr. ——; he is not so busy as I am, and will be able to advise you for that fee." Her ladyship, it is interesting and instructive to learn, repaid the guinea next morning The moral is plain. The profession as a whole does so much charitable work, that many people seem to expect that every member is to give his time and labor at any time and any place, and to any extent which may be most convenient to the patient or his friends. Quite a large enough proportion of the people who go to hospitals have no right to gratuitous advice, and it is asking rather too much of even the most patient and long-suffering to expect that a still more well-to-do class, too fastidious to go to hospitals, should be allowed to invade private consulting-rooms during the morning hours, which are dedicated to remunerative labor. No other profession has such claims made on it. If the butler had been in some legal difficulty, would the family lawyer have been expected to advise him gratis? We trow not.—*Br. Med. Jour.*

AN EASY METHOD OF INHALING MEDICATED VAPORS.—Arthur Hill Hassall, M.D., in the *Lancet*, January 30th, describes a simple form of inhaling apparatus. He takes a glass vessel in the shape of a cylinder two inches in diameter, and nine inches in height. This he fills about half-full of the medicated fluid (he takes, for example, a ten per cent. solution of carbolic acid). The top of the vessel is then closed by a tight-fitting cork, through which pass four glass tubes. The larger tube is the one used for direct inhalation and just penetrates the cork. The three smaller tubes pass to the bottom of the vessel. Now, when air is inhaled from the upper half of the vessel by means of the large tube fresh air passes in through the small tubes and while bubbling up through the fluid becomes saturated with the medicine. The amount of medicine inhaled will be governed by

(a) the dryness of the air entering through the small tubes, (b) the strength and volatility of the medicated solution, and (c) the temperature of the fluid in the vessel. Three small tubes are chosen in preference to one large one for the admission of air, because they will better distribute the air bubbles, and thus bring the air in contact with a greater surface of the fluid. The air can easily be dried before it enters the small tubes by passing it through a chamber of dried chloride of lime.—*Med. and Dent. Jour.*

REMEDIES FOR SEA-SICKNESS.—A physician who has had experience at sea says, in the London *Chemist and Druggist:* "After putting out to sea, one of our first troubles is, of course, sea-sickness; and the young surgeon, perchance himself a victim, will frequently be at his wits' end to know how to combat the many forms sea-sickness assumes. The only weapons the Board of Trade supply to meet this foe of landlubbers are chloroform and ether. We have generally found that 10 minims of chloroform in ½ ounce of brandy will both prevent and cure this cruel tax which Neptune imposes. Ether seems to act better during a paroxysm in ½ drachm doses given in brandy, or as Hoffman's anodyne. Apomorphia in doses of $\frac{1}{30}$ of a grain every half-hour cured the writer during a heavy sea in the Bay of Biscay, and any emetic taken in small doses frequently and perseveringly will bring relief. But our sheet-anchors are the bromides, which, unfortunately, are not included in the official medical list. A little of both the bromides of ammonium and potassium is often obtained before sailing. In cases of extreme nervousness and debility with sea-sickness, 20 grains of potassium bromide with 20 minims of chloric ether and a little sal-volatile, forms a good draught every three or four hours until relieved, keeping the patient quiet and recumbent."

DUMMY PATIENTS. A writer in an English paper says: "Apropos of doctors, here is a true story: The other day I met a poor fellow and his wife who had been supers at the Adelphi, but who had been compelled to give up, owing to bad health. They were both elegantly dressed: and I expressed my surprise, as I had heard they were in needy circumstances. I congratulated them on the evident gain of wealth which had compensated the loss of health. 'Oh, sir,' said the man, 'these are not our own clothes: they are lent to us by Dr. ——.' —'Lent to you by Dr. ——!' I exclaimed. 'What for?'—'Why, you see, sir, we are supering for him, and he finds the dresses.'—'Does he run a theatre, then?' I asked. 'Lor,' no, sir!' was the reply. 'Me and my wife, and some of the most respectable-looking of the out-patients at —— Hospital, has a shilling to go and sit in his receiving-room for two hours a day. We're what they call dummy patients.' I 'tumbled' in a moment. The doctor was young, and anxious to have a reputation for a wide practice. Patients calling found his rooms crowded, and gathered from the fact that he had a widespread reputation."

TREATMENT OF PHTHISIS BY SUBCUTANEOUS ADMINISTRATION OF CARBOLIC ACID.—Dr. Filleau, of Paris, reports that he has derived excellent results by the employment of carbolic acid hypodermically in the treatment of phthisis pulmonalis.

Being a firm believer in the parasitic origin of phthisis, he searched for an antiseptic or germicide which could be injected into the blood without harm to the patient. Iodoform was tried, and failed. But chemically pure carbolic acid seemed to answer all requirements. It is easily miscible with water, can be injected without pain, and never causes abscess or phlegmosis. Moreover, it has been demonstrated by Paul Bert that carbolic acid is eliminated by the lungs as well as by the kidneys, thus reaching the favorite seat of the bacilli, and acting like an antiseptic lotion. It was further observed that the bacillus tuberculosis was quickly destroyed by very weak solutions of this antiseptic.

The formula for the preparation of Dr. Filleau's solution is:

R	Acid, carbolic, c. p., .	1 pt.	
	Glycerini puri, . . .	4 pts.	
	Aq. destillat. . . .	94 pts.	M.

SIG.—100 minims once a day, or every other day, according to the case.

The carbolic acid must be perfectly pure. That having a rose color should be employed. The treatment should be continued persistently unless symptoms of intoxication appear, in which case the medication should be dropped.

Dr. Filleau has employed this treatment with very satisfactory results for two years. Several of his patients have been exhibited at the hospital Cochin to the profession. He summarizes his theory and treatment as follows:

1. The parasitic origin of tuberculosis being admitted, carbolic acid, c. p., must be considered the best antiseptic to be employed in the treatment of tubercular diseases.

2. Carbolic acid is the only germicide which can be administered subcutaneously for a long time without danger.

3. The safety and toleration of carbolic acid given hypodermically have been thoroughly demonstrated.

4. By means of this treatment, the general condition of the patient is rapidly improved, and the local lesions are favorably modified.

5. The treatment in every case should be persistently carried out.—*Buffalo Med. & Surg. Jour.*

HYDRASTIS IN THE TREATMENT OF GRANULATED EYE-LIDS.—Miss W—— called at my office December 3d. Said she had been afflicted with sore eyes—granulated lids—for some time, and that she had been treated by Dr. M——. allopath, for three months and had received no benefit, in fact, became worse. And that her friends had advised her to try the new doctor.

I concluded that Dr. M—— had exhausted the cut-and-dried routine of treatment, and that in order to succeed I would have to resort to something out of the usual line.

Knowing the beneficial influence of hydrastis on the mucous membrane as an astringent, I concluded to give it a trial. I used the specific tincture, full strength ; one drop applied morning and evening with an ordinary dropper. On the evening of the second day the inflammation was considerably reduced and a general improvement was noticeable. In fact she stated (to use her own words), "I believe, doctor, they are about well."

I then gave her the necessary instructions to continue the treatment at home. That was the last I saw of my patient (likewise my fee). But meeting a friend of hers on December 10th, I inquired after my patient, and was somewhat surprised to learn that she was entirely well, and that she had gone to work (dressmaking).

The above treatment may not be new to some : however, I do not remember having seen any reports of the use of hydrastis in the above disease. —Dr. F. P. Mitchell, in the *Cal. Med. Journal.*

WHITE OF EGG IN OBSTINATE DIARRHŒA.—From the *Allg. Med. Cent.-Zeit.* we learn that Celli has recently called attention to the curative properties of the albumen of hen's eggs in severe diarrhœal affections. In a discussion before a medical society at Rome, he advocated its use, and related two cases of chronic enteritis and diarrhœa which, having resisted all treatment, speedily made complete recoveries under the use of egg-albumen. The same diet is strongly recommended in the diarrhœa accompanying febrile cachexia and in that of phthisis. In two cases of diarrhœa dependent upon tertiary syphilis, it was found of no avail. On post-mortem examination, diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water This is to be taken in divided quantities during the day. More may be given if desired. The insipid taste can be improved with lemon, anise, or sugar. In case of colic, a few drops of tincture of opium may be added.—*The Epitome.*

TREATMENT OF TYPHOID FEVER.—Dr. W. B. Reynolds, gives the following in the *Medical World* :

Just as soon as I *suspect* a patient to have typhoid fever, I immediately order him to bed and put him on a diet consisting of milk, soft-boiled eggs and beef tea, or animal broths. I consider the early putting to bed of the utmost importance, and I particularly insist that the patient must maintain the recumbent position until convalescence is well advanced. Absolute rest of both mind and body, with perfect quiet, is strictly enforced. For the distressing headache, generally present in the beginning of the disease, I usually afford relief with the following : R. Quiniæ valer. gr. ij.; ext. belladonnæ, gr. ¼ ; ext. aconiti, gr. 1-6 M.—Put in one capsule. —Sig. One every three or four hours.

MILK-DIET IN CHRONIC NEPHRITIS.—In view of the fact that milk-diet had been emphatically recommended by many observers, Dr. Trubatcheff undertook a series of comparative observations on four patients with chronic nephritis (three with the parenchymatous, one with the interstitial form), each of whom received ordinary hospital diet during one period, and either mixed or pure milk-diet during a subsequent period of equal duration. The results are as follows : 1. An exclusive milk-diet invariably led to a marked increase of the daily and percentage amount of albumen in the urine. 2. The patient's weight fell considerably, without any marked change in his dropsical state. 3. A mixed milk-diet also led, in the majority of cases, to an increase in the daily and percentage amount of albumen excreted. 4. Neither pure nor mixed milk-diet produced any marked increase in the amount of urine. The author is now studying the assimilation of protein by nephritic patients receiving milk-diet, which study will enable him to settle the question of the treatment. —*London Medical Record.*

THE TONGUE IN DISEASE.—A white-coated tongue indicates febrile disturbance. A brown moist tongue, disordered digestion or over-loaded primæ viæ. A brown dry tongue depressed vitality, as in typhoid conditions and blood poisoning. A red moist tongue, debility, as from exhausting discharges. A red dry tongue, pyrexia, or any inflammatory fever. A "strawberry" tongue with prominent papillæ, scarlet fever or rotheln. A red glazed tongue, debility, with want of assimilative power of digestion. A tremulous flabby tongue, delirium tremens. Hesitancy in protruding the tongue, concussion of the brain. Protrusion at one side, paralysis of the muscles of that side. A bluish glazed tongue with cracks or loss of epithelium, tertiary syphilis. A white patch on the tongue, psoriasis linguæ. Thickened epithelium of the tongue, ichthyosis, which frequently leads to epithelioma. Chronic ulceration of the tongue,

decayed teeth, tertiary syphilis or epithelioma. —*Med. World.*

ARTIFICIAL RESPIRATION IN SUNSTROKE.—A medical man writes to one of our English exchanges that he treated a case of sunstroke, in the end of March, by employing artificial respiration (Silvester's method), when, after the usual treatment was employed, he could not detect the least sign of breathing, though the heart was acting strong and well at first. The patient regained consciousness in about ten minutes and recovered.

The success of the mode of treatment employed in this case throws a light on the pathology of the state of the lungs seen in some cases of death from sunstroke.

In a case of passive congestion of the lungs in enteric fever, he caused the patient to inspire deeply six or eight times every half-hour for several days, and also attended to the posture of the patient; the result was recovery.—*Med. and Surg. Reporter.*

ACUTE PLEURISY.—Professor Da Costa often orders—

Tinct. aconiti rad.	min. xxx.
Potassii acetatis	℥ ss.
Liq. potassii citratis	℥ ij.
Syrup. tolu.	℥ j.

M. Sig.—Two teaspoonfuls every three hours.

In chronic pleurisy Prof. Da Costa has obtained excellent results from—

Potassii iodidi.	℥ ij.
Tinct. digitalis	℥ ij.
Tinct. opii camph.	℥ iss.
Aquæ	℥ ss.

M. Sig.—One teaspoonful four times a day.—*Med. Bul.*

CALOMEL AS A DIURETIC.—The action of calomel in causing diuresis in morbid conditions with dropsy is not generally recognized. In health, indeed, it may be said that the drug has no such action. Dr. Jendrassic has found in cases of cardiac dropsy that calomel in appropriate doses causes well-marked diuresis, a "sort of diabetes insipidus," by which the results of want of cardiac compensation, dropsy and œdema, are dissipated. The effect comes on within twenty-four hours, one and a half grains of the drug being given three to five times a day. No diarrhœa is usually produced; but in some cases it had to be prevented by the administration of laudanum. Salivation and stomatitis were obviated by the prescription of a chlorate of potash gargle from the first. The result in all cases in which the treatment was adopted was beneficial, no unfavorable depressing symptoms being noticed.—*Brit. Med. Jour. Feb. 1.*

RULES FOR PREVENTING THE PROPAGATION OF TUBERCULOSIS.—The Council of Hygiene of the Department of the Seine has just adopted and published the following series of instructions:

"The most active agent in the transmission of tuberculosis exists in the sputa, which should, therefore, never be deposited on the floor or on the linen, where it may be converted into a dangerous power

"The patients in question must be instructed to expectorate in vessels containing sawdust; the contents of these vessels must be daily thrown into the fire, and the vessels themselves washed in boiling water at least once daily.

"The furnished apartment of a phthisical patient, especially in case of his decease, must be completely disinfected, together with all bedding, and the clothing of such a patient must not be used until it has been subjected to the action of steam."—*Gaz. Méd. de Paris.*

TREATMENT OF VASCULAR TUMORS,—Dr Floriani has successfully employed the following mixture in six cases of telangiectatic tumors:

Mercuric bichloride . .	3 parts.
Collodion	20 parts.

The liquid is applied with a fine brush to the seat of the tumor, four coats being thus superimposed, and care being taken each is thoroughly dry before the next is applied. A crust is shed in four days and the fluid again applied as before, until the tumor has disappeared. This treatment is described as absolutely painless; and the resultant pink discoloration soon disappears. It is applicable only to flat swellings — *i. e.*, those not much more than a line in thickness.—*Gaz. Hebd. de Montpellier.*

BROWN-SEQUARD'S MIXTURE FOR EPILEPSY:

Iodide of potassium, . . .	8 parts
Bromide of potassium, . .	8 parts.
Bromide of ammonium, .	4 parts.
Bicarbonate of potassium, .	5 parts.
Infusion of calumba, . . .	360 parts.

Dissolve. A teaspoonful before each of the three principal meals, and three dessertspoonfuls on going to bed. The solution should be given diluted in cases of idiopathic epilepsy.

If the pulse of the patient be feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of infusion of calumba there are substituted 90 parts tinctnre of calumba and 270 parts of distilled water.—*L'Union Médicale.*

CHRONIC ENLARGEMENT OF TONSILS.—In answer to Dr. Gaff's inquiry in regard to hypodermic injections in the above named condition: Dr. Beresford, in the October number of the *Medical Ad-*

vocate, says: "By the use of a strong solution of tannic acid injected two or three times a week, with the daily use of a gargle of the same, the knife need never be resorted to." I have used the above treatment in the case of a young man, æt. about twenty years, with good success. I make an application of muriate cocaine before inserting the needle, and used the injection every three days.—*Cal. Med. Journal.*

CARBOLIC ENEMATA in TYPHUS FEVER.—The results which had been obtained from carbolic enemata in typhoid fever by Desplats, Van Oye, and Romanet, induced Dr. A. P. Solonoff, of the Irkutsk Military Hospital, to try the same plan in six cases of typhus fever (*Proceedings of the Eastern Siberian [Irkutsk] Medical Society*, 1885, p. 92). The treatment commenced from the third, fourth, sixth, seventh, and eighth days of the disease, and consisted in the administration of two enemata, at intervals of two hours daily; each enema being made of two ounces of a 1 per cent. solution of carbolic acid (that is, containing 10 grains of the acid). The results, as drawn from observation of the action of fifty enemata, are these: 1. Carbolic enemata, made of two ounces of a 1 per cent. solution, do not produce any tenesmus, the whole amount being absorbed by the rectal mucous membrane. 2. They invariably bring about a depression of the febrile temperature, amounting from 0·2° up to 1° C. [The author never saw any considerable falls, such as 2° or 3° C., which had been noted by Desplats and Romanet.] 3. The decrease begins in about fifteen minutes after the injection, and lasts two hours, or even longer. 4. The depression caused by an enema may be kept at a given level by administering a second enema two hours later. 5. The antipyretic effects of simple cold water enema (1½ pounds) are equal to, or even surpass, those of the carbolic injections; but the former are sometimes soon ejected by the rectum, and then, naturally, do not produce the action desired; moreover, in some cases they cause, after a temporary fall, a considerable elevation of the temperature. 6. In view of their technical simplicity and cheapness, carbolic enemata deserve a preference to the quinine treatment; the latter drug, in small doses, is entirely inactive in typhus fever (as well as in typhoid). 7. Carbolic enemata are, as to their antipyretic action, by far inferior to cold and prolonged lukewarm baths, and must be resorted to only when the baths are either impracticable or contra-indicated by the patient's state. 8. No toxic action was observed, though the daily dose of carbolic acid was as large as twenty or even thirty grains.

VICARIOUS MENSTRUATION.—Dr. White relates the particulars of this case in a foreign exchange, occurring in a young girl aged 14, the child of parents in a good position. Commencing as an abrasion of the lower lip which bled freely, when first seen by Dr. White there were five deep fissures, from which blood flowed freely, and which was only arrested by direct pressure. After a time, the bleeding, instead of being more or less constant, became periodic, these discharges corresponding also to the menstrual periods, at which time the discharge was scanty. Examination of the blood showed, Dr White thought, that it was different from ordinary blood, and strongly resembled menstrual fluid. The girl was seen at different times by a large number of eminent London practitioners, and as many different opinions as to the nature of the affection were expressed; only one suggested that it might have been self-inflicted, and that the patient kept up the irritation. Inherited taint was suspected, but denied. On the supposition of hysteria, a careful watch was made by the friends, but no evidence of self-infliction was detected. Matters reached a grave issue, life appeared in question, and Dr. White removed her to his own house, and, under chloroform, applied nitric acid, to the deep fissures. The result was excellent. A good deal of deformity resulted, which was treated by closing the fissures as a hare-lip would be treated. Dr. White had noticed, since the recovery, that the onset of the menstrual periods was always accompanied by deep flushing of the lip, as if bleeding was threatening to break out again. The girl was of a hysterical nature, and, after the cauterization, suffered from hysterical paraplegia. After the wounds healed, menstruation became properly established. Dr. White discussed the views held by different writers on the subject of vicarious menstruation; and whilst dwelling upon the aspects of the case, pointed it out as belonging to such a class of cases though he felt by no means positive on the subject.—*Compend. of Med. Science.*

PESSARIES.—Dr. Henry K. Leake thus concludes an article on the subject in the *Texas Courier-Record of Medicine* for January:

First, That, whilst there exists great difference of views as to the expediency of using pessaries, the practical gynecologist also is influenced in his opinions by his own individual experience, and will not servilely bow to the authority of those who, perhaps, reject such aids on insufficient grounds.

Second, That the classical pressure symptoms, including weight in the pelvis, sacralgia, bladder and rectal irritation, difficulty and pain on locomotion, dragging pain in hips and lower abdomen, etc., combined or uncombined with systemic effects, are relieved by a skilful adjustment of pessaries, and must be continued to be held as an indication for their employment.

Third, That in all cases of anæmia, neurasthenia, hysteria, presenting themselves, the cause

may be located in some displacement of the pelvic organs, and this point should be determined by immediate examination.

Fourth, That due regard must be had to the natural mobility and normal position of the uterus in the placing of pessaries.

Fifth, That the Hodge pessary and its modifications are the most scientific and rational instruments we possess, and should be used, if possible, to the exclusion of all others.

Sixth, That, contrary to the general view, retroflexion can be redressed and maintained in position by a skilful adjustment of the traction-lever pessary.

Seventh, That pessaries should be fitted and placed with the patient in Sims' position, this being the most favorable for such procedure.

Eighth, That while the evidence thus far has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least acknowledge their powerful aid as palliatives, and we are justified in believing that the future statistics will demonstrate their greater efficacy in tables showing permanent results.—*Compendium of Med. Science.*

TREATMENT OF CARBUNCLE WITHOUT INCISION.—In the course of a paper on this subject before the American Medical Association, by Dr. L. Duncan Bulkley (*Med. News*, 9th May, 1885), the author related the case of a gentleman, aged fifty-six, large and florid, who suffered for several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumor, thickly spread on the woolly side of lint, the following ointment :—

℞	Ergotæ fl. ext.	ʒij	
	Zinci oxidi	ʒss	
	Unguenti aq. rosæ	℥ij.	M.

Covering this was cotton-wadding, to prevent blows or injury. He was given sulphide of calcium, ¼ gr. every two hours, and occasionally the following :—

℞	Magnesii sulphat.	℥iv	
	Ferri sulphat.	ʒj	
	Acidi sulph.	℥iiij	
	Syr. zingiberis	℥j	
	Aquam	ad ℥iij.	M.

S.—Teaspoonful in water through a tube three times daily.

At bedtime Dover's powder was administered to give rest when required. The result of the treatment was cessation of pain, rapid resolution, and a cure, except some induration, in eighteen days. The man continued at his work. The paper was summed up as follows :—(1) Avoid any irritation, as pressure, blows, &c. (2) Avoid warmth and moisture, as in poultices. (3) Avoid incisions. (4) Do not use stimulants. (5) Protect the inflamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick. (6) Use sulphide of calcium every two hours for its effect upon suppuration. (7) Employ good nutritious food, and fresh air. (8) A sedative, if desired, and occasionally the laxative and refrigerant tonic as above. The advantages are :—(1) Short time required for recovery. (2) Cessation of pain. (3) No scar. (4) No operation. (5) No detention from business.—*Glasgow Medical Journal.*

THE TREATMENT OF PLEURISY IN THE BELLEVUE HOSPITAL.—Dr. S. Mitchell, of New York, in a recent article states that about 150 cases of pleurisy are treated annually. It is rare to meet with true cases of acute pleurisy, except when they occur in patients while in the hospital. When a case, however, is seen within the first few hours, opium is given, usually as Dover's powder or as Majendie's solution, and hypodermically, which, besides relieving the pain and nervous manifestations, to some extent checks the determination of blood to the pleura. The bowels are opened by salines, and mustard or turpentine applied to the chest The pain caused by the movements of the chest is greatly relieved by strips of adhesive plaster. Tincture of aconite is given in half-minim doses every fifteen minutes for two hours, and afterwards every two hours until the pulse shows signs of becoming feeble. Quinine in doses of ten grains every six hours is given during the first twenty-four hours. When the state of effusion occurs, the patient is made to take freely of a bitartrate of potassium solution as a diuretic, the saline cathartics are continued, and iodine is applied locally. Another form of local application, which is a favorite with some, is the punctuated cauterisation with Paquelin's cautery every other day. Tonics are given and continued into the third stage, the following formula being that usually prescribed : Strychninæ Sulph. gr. i, Liq. Pot. Arsenit. ʒ ij, Citrat. Ferri et Quininæ ʒ iv, Glycerini Aq. Cinnam. part. æqual. ad ℥ viii ; a drachm after meals. With this is often given an ounce of whisky three times a day. A drachm of the following mixture is also given occasionally to allay the cough : Morph. Sulph. Pot. Cyanid. *aa.* gr. ij, Syr. Tolut. Syr. Prun. Virg part. æqual. ad ℥ ij. Blisters are seldom employed. When the effusion is great enough to cause much dyspnœea, paracentesis is performed at the mid-axillary line in the sixth interspace, the fluid being withdrawn slowly and arrested at the moment when the patient begins to cough or feel other unpleasant symptoms. In the chronic form of the disease the patient is put on diuretics, tonics, and mild cathartics, and counter-irritation is kept up by Corson's paint, made of Ol. Tiglii ℥ ij, Aetheris ℥ iv, Tr. Iodi. Co. ad ℥ ij. This painted on every morning

produces a crop of pin-head blisters with very little annoyance. When absorption does not occur, this has seemed in many cases to become stimulated by aspiration, a few drachms of liquid being removed by means of a hypodermic syringe, this often rendering paracentesis unnecessary.—*Therap. Gaz.*

NEW SIGN OF TRICUSPID REGURGITATION.—Dr. Pasteur, of the Middlesex Hospital, writes:—In several cases in which there was reason to suspect functional incompetence of the tricuspid valve, which have recently come under my observation, a physical sign has been present to which I believe attention has not been drawn, and of which I have been unable to find any mention either in the standard text-books or in the best known monographs on the subject of cardiac disease. This sign consists in a distension—with or without pulsation—of the superficial veins of the neck, occurring when firm pressure is exerted over the liver in the direction of the spinal column, and independent of the movements of respiration. A little consideration of the anatomical relations of the parts concerned will suggest the facility with which an impediment may be created to the flow of blood, in either direction, through the vena cava inferior by such a manœuvre, especially when the liver is obviously enlarged. It seems to me that the state thus produced is virtually that which obtains as a chronic condition in long-standing and severe cases of tricuspid incompetence as far as regards the tension in the systemic venous system in the immediate vicinity of the heart. Assuming the existence of tricuspid regurgitation and of a source of compression of the vena cava inferior, it is obvious that with each systole an excessive reflux of blood must take place into the vena cava superior and its tributary veins. It may be noted that the question of pulsation, as compared with distension or undulation, is merely one of degree of morbid venous tension. Although the number of cases in which I have observed this phenomenon is certainly limited, I have never failed to elicit it when there was indubitable evidence of tricuspid incompetence; on the other hand, I have hitherto invariably failed to obtain it in other forms of cardiac valvular disease, and in various cases of hepatic enlargement from causes other than passive congestion. I cannot but think that this sign may furnish an important aid to diagnosis in cases where the usual signs of tricuspid regurgitation are ill-developed or in abeyance, and that it may prove a valuable factor in the difficult general problem of prognosis in cases of cardiac disease. My chief object in making this short communication is to draw attention to a point which I believe to be of some importance, with a view to stimulate observation, and it may be to elicit further facts.—*Lancet.*

ELEVATION OF THE ARMS AS A SYMPTOM OF PERITONITIS.—Dr. Lediard calls to mind that there are various circumstances rendering the attitudes assumed by the sick of great diagnostic value. It may be that extreme restlessness, delirium, or fear, may prevent accurate noting of the pulse, temperature, respiration, or even physical examination of diseased organs. Again, deaf-mutism, malingering, a foreign language, etc, may further entail difficulties in diagnosis which might be in some measure overcome by the observance of a well established position pathognomonic of a disease. He then alludes to one disease and one posture, which seem to be rarely dissociated, at least in the adult. Many years have passed since he was first struck with a posture which he has generally found to be a truthful indication. On November 19th, 1871, a waiter, aged twenty-two, was brought into the Edinburgh Infirmary, under the care of the late Professor Spence, whose house-surgeon he then was. The patient had been stabbed in the abdomen, and a foot of small intestine was protruding. On the day following admission the patient was noticed to keep his hands above his head with the elbows out—*i.e.*, in a position often assumed when one is lying on the grass in summer enjoying the sounds of nature. Subsequently, but within twenty-four hours, he was observed to raise the left thigh; finally, the hands were constantly behind the head and the knees completely drawn up. Death occurred on the fourth day from general peritonitis. In peritonitis following the operations for hernia, gastrotomy, ovariotomy, ruptures of the bowels following violence without external mark, and in puerperal peritonitis, the author has constantly observed the position taken by the patient to be similar to that described. The raising of the arms is, in his belief, coincident with the commencement of peritonitis, and when the inflammation is at its height the hands will be clasped behind the occiput. The explanation is simple enough; the object being to lift all pressure from the distended bowels, the respiration becomes thoracic and the diaphragm fixed; by raising the arms the pectoral muscles elevate the ribs, and more room is thereby allowed for lung expansion; the raising of the arms moves the scapula upward and forward, and the serratus magnus being drawn upon still further tends to relieve the thorax from pressure, while the dorsal position of the trunk with an extended spine favors respiratory movement.—*Lancet.*

THERAPEUTIC NOTES.—Dr. Yeo, of King's College Hospital, in his opening lecture in the course of clinical therapeutics, is reported by *The Lancet* as having made the following practical observations:

1. That in order to derive the full beneficial effect from iodide of potassium in cases of aneur-

ism, the drug must be given in twenty or thirty grain doses three times a day.

2. That arsenic, besides acting well in chronic skin affections, is often of service in cases of angina pectoris, asthma, neuralgias (especially the visceral forms), and in some kinds of anæmia.

3. That aconite is much more certain in its action when given to reduce the temperature and other symptoms of local inflammations in children than it is in the case of adults.

4. That the topical application of opium is a much neglected but useful remedy for the relief of local inflammations, especially when these are traumatic.

REMOVAL OF FRECKLES.—Dr. Halkins, in the Journal of Cutaneous and Venereal Diseases, says that freckles may be removed by carbolic acid as follows: Put the skin on the stretch with two fingers of the left hand and apply a drop of pure carbolic acid exactly over the patch. The skin will burn and turn white, but the burning sensation will disappear in a few minutes. The thin crust which forms after the cauterization must not be disturbed and it will be cast off in eight or ten days, leaving a rosy discoloration which is soon displaced by the normal skin.—*Med and Dent. Jour.*

TREATMENT OF ACUTE RHEUMATISM.—Dr. R. H. Fox states in the *Brit. Med. Journal* that in a severe case of rheumatism in which salicylate of sodium, potassium, quinine, colchicum and liniments had all failed to relieve the fever and pain, the relief was immediate after sponging with cold water and quickly drying the skin afterward. Although this is no new treatment, it is one which requires some courage to practice, and yet may be well adapted to certain severe cases in which the salicylic remedies are ineffectual. — *Therapeutic Gazette.*

MIXTURE FOR THE ANOREXIA OF PREGNANCY.—Forwood recommends the use of the following mixture in cases of loss of appetite in pregnant women:

Pulverized calumba root,	
Pulverized sugar root . .	aa 15 parts.
Senna leaves	4 parts.
Boiling water	475 parts.

Infuse. A wineglassful before each meal.—*L'Union Médicale*, Feb. 27, 1886.

TUBERCULAR INFECTION THROUGH SEXUAL INTERCOURSE.—In the *Medical Times* Fernet points out the probability of tubercle being thus conveyed. Indolent blenorrhagic discharges in men, and certain forms of leucorrhœa in women, should be looked on with suspicion, and searched for the bacillus tuberculosis. Sexual intercourse with the subjects of genital tuberculosis should be avoided. In individuals affected with genital tuberculosis there is a risk of general auto infection, and the tuberculous matter should be removed.—*Med. and Surg. Rep.*

DILATATION OF THE HEART. - Professor Da Costa recommends:

℞	Pulv. digitalis	gr. iv.
	Strychniae sulphatis . .	gr. ¼.
	Ext. belladonnæ . . .	gr. ij.
	Ferri sulphatis	gr. xvj.

M. Ft. pilulæ No. xvi.

Sig.—One pill after meals. —*Med. Bul.*

IODOFORM IN UTERINE CATARRH.—Kugelmann, having noticed that iodoform very promptly cures coryza and laryngitis, concluded that it would be beneficial in cases of uterine catarrh. He introduced the powder into the uterus by means of a very fine catheter. The applications were renewed twice a week, and with excellent results. The catarrhal hypersecretion diminished or ceased immediately in every case.—*Gazet. Med. de Paris.*

FOR DYSPEPSIA.—Five to ten minims of glycerine of carbolic acid in a little water, after meals, is an admirable remedy for dyspepsia, and for the impaired digestion of tea-drinkers and tobacco-chewers. Especially in this useful (in smaller doses) in the dyspepsia of children, associated with the presence of worms in the alimentary canal. Glycerine is in itself an anthelmintic of much power.

Prof. Da Costa considers the iodide of potassium the only remedy deserving of confidence in the treatment of *internal aneurism*. He gives gr. xv. *ter die*, increased to the point of tolerance. In addition, he keeps the action of the heart subdued by aconite; for pain, ice over the tumor, and rub with an ointment of aconitia gr. j to vaseline ʒ j. A quiet life, rest in bed and a dry diet, are enjoined upon the patient.—*Col. and Clin. Record.*

Dr. W. H. Richardson of New York says: I have used the Smith & Shaw Closed Cell Pocket Battery daily in my practice and am highly pleased with it. I find it so portable that I can carry it about in my coat pocket when making my professional visits, without any inconvenience. My patients say that the current from it is more agreeable than that of my large battery of a different make, it being more smooth and uniform. In my hands it has given entire satisfaction and met all the requirements.

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TORONTO, MAY, 1886.

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TOO MANY DRUGS.

The innumerable host and indescribable variety of drugs have become an intolerable burthen to the student, the pharmacist and the physician, and a bane to the afflicted patient. What, with the various tinctures, extracts, alkaloids, etc., of every thing that is in heaven above, or in all the earth beneath, or in the waters under the earth, and their infinite combinations, we are overwhelmed. But a very superficial knowledge can possibly be acquired of our Materia Medica, by the most industrious student or physician. With the exception of a comparatively few standard remedies, our knowledge of the chemical, physiological, and therapeutical actions, is too vague to admit of intelligent prescription. Yet, fashion almost compels us to prescribe the new remedies, not because our own experience, or that of the profession, has established their efficacy; but because we desire to be up to the so-called advance of science. Many, we fear, prescribe remedies of which they have but limited knowledge, theoretical or practical; not so much in the interests of the patient, perhaps, as in their ambition to be fashionable; and often take credit for their supposed superiority, over the Rip Van Winkles, who still cautiously prescribe those remedies, whose virtues have been established by the test of time. How many of those vaunted new remedies have succumbed to that almost infallible test within the last twenty years, and how many of the present and future will succumb during the next twenty, it is impossible to enumerate or predict. Yet, fashion will continue to predominate, often, we fear, at the expense of the patient's health, and even life.

It will be admitted that the variety and number of remedies prescribed are usually in inverse ratio to our experience. The young physician, with but a limited theoretical knowledge of materia medica, is disposed to vary his prescriptions daily, because of the multitude of remedies placed before him; and to reproach himself for his supposed stupidity and want of success. This frequently results in loss of confidence in all remedies. Whereas, the older physician has, after many failures and grievous disappointments, eliminated all but a comparatively few established remedies, on which dearly bought experience has taught him to rely with confidence.

It might be said that this would hinder if not entirely prevent advance in materia medica. But the great majority of our profession have neither time or opportunity for experiments, on a scale sufficiently extensive, to accomplish any good purpose. Therefore, it is in the interest, not only of the doctor and his patients, but of science, to allow new remedies time to become established by the experiments of the minority, whose experience, training and opportunities, enable them to make those experiments in a scientific manner, and on a scale sufficiently large, to command confidence in those preparations which they endorse.

On the other hand, many antiquated remedies and compounds are retained in the pharmacopœia, which might be eliminated without injury to its usefulness. This would, in some degree, relieve the student from almost useless study, and the pharmacist from keeping a stock of articles which are so seldom prescribed, that they deteriorate in value, and become inert through age. Many of the compounds therein described have served their day and generation, and are superannuated by the rapid advance in science in every direction, but more especially by the science of chemistry. The alkaloids, or active principles of most of the vegetable remedies can now be obtained, in which uncertainty of therapeutical action is reduced to a minimum. Hence, many of the preparations and combinations of former days, with their multiple variations in strength and effect are superceded. The shot gun of our fathers should be replaced by the

rifle, with much greater certainty, if our aim be true, of placing the enemy *hors de combat*. But, in order to make true our aim, it is indispensable that we possess the most accurate and intimate knowledge of the remedies used. The infinite number of these remedies, both officinal and otherwise, renders this impracticable. Consequently, the practice obtains of combining an array of remedies in one prescription, with very uncertain results, often we fear with injury to the patient.

Although we are not so culpable in this respect as our ancestors; and, although a physician's knowledge and ability is not now gauged by the number and variety of articles he can combine, as in the days of "Mathiolus' Antidote," containing one hundred and twenty-four ingredients, or "Warburg's tincture," said originally to have contained over sixty; yet, there is room for advance in the simplification of prescriptions of the present day. Polypharmacy and science are necessarily antagonistic, consequently the former should be avoided, if we are to progress in the right direction. Otherwise, it will be necessary to still further divide the healing art, and have specialists in materia medica. However useful this might be to our ever-multiplying profession, it is obvious some objections might be raised by the patient, to furnishing the requisite honorarium to each physician, one to diagnose, and another to prescribe for every ill to which the flesh is heir.

Therefore, we hold that the general physician's armamentarium should be limited to established remedies in their best form; and of these, only such as can be prescribed with confidence, based on careful study of the experience of others as well as his own; and an intimate knowledge of their chemical, physiological and therapeutical properties.

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ROYAL COLLEGE, KINGSTON,—*M. D.*—M.L. Dixon, *Gold Medal*; D. E. Mundell and E. W. Wright equal, *Silver Medal*; W. C. Beeman, F. Bruce, H. E. Burdett, J. Casselman, C. Collins, J.M. Conerty, S. S. Cornell, W. Coy, J. G. Creegan, A. A. Dame, E. J. Donovan, D. E. Foley, T. D. Galligan, J. A. Hamilton, J. E. Hanna, F. C. Heath, J. G. Jack, A. Jameson, S. Keith, J. J. Lane, W. M. Mather, S. J. Mellow, J. Mundell, E. J. McArdel, E. McLaughlin, A. F. McVety, J. H. Nimmo, C. Pitblado, J. M. Shaw, F. B. Smith, D. G. Storms, E. J. Watts.

Primary.—A. E. Bolton, W. H. Downing, A.R. Elliott, A. G. Ferguson, A. J. Fisher, A. B. Gillis, Jno. F. Hart, M. W. Hart, W. Hay, E.H. Horsey, D. Jameson, T. J. Jameson, A. P. Knight, F. H. Koyle, C. N. Mallory, S. H. McCammon, T. S. McGillivray, E. A. McGrath, T. O'Neil, W. D. Neish, A. F. Pirie, Wilton Pratt, R. P. Robinson, P. J. Scott, A. W. Whitney.

Prizemen.—A. B. Gillis and J. W. Begg, *Demonstrators of Anatomy*; W. H. Dawson and A. J. Errett, *Hospital Surgeons.*

WESTERN UNIVERSITY, LONDON,—M.D.—H. A. McCallum, *Gold Medal*; J. W. Fraser, R. Gibson, W. Logie, W. J. Weekes, *Honors*; G. H Wilson, H. K. Hyndman.

Primary.—J. D. Balfour, C. D. McDonald.

Honors.—O. Groves, J. Haggart, L. Hyttenranch, J. A. McDonald, D. H. Piper, J. Proudfoot.

Scholarships, 1st year, R. H. Homer, M. Wilson; *2nd year*, C. D. McDonald; *3rd year*, J. D. Balfour.

WOMEN'S MEDICAL COLLEGE, KINGSTON,—*M.D.* A. E. Dickson, M. Oliver. *Primary.*—A. D. Craine, E. Embury, A. Lawyer, M. Livingston, A. A. Marshall, E. S. Mitchell.

ONTARIO MEDICAL ASSOCIATION.—We beg to draw especial attention to the meeting of the Ontario Association, to be held in Toronto, on the 2nd and 3rd of June. Invitations have been issued to several prominent medical men in New York, Buffalo, Detroit, Montreal, Quebec, etc., and it is expected that the attendance will be larger than upon any former occasion. Intimations of papers to be read, are being received by the Secretary, Dr. White, who regrets that he is unable to publish a full list at present, but who will furnish such list in our next number. We would strongly urge the members of the profession, and especially the younger members, to be present, and take part in the proceedings. The Committee has made arrangements with the various railroads, by which return tickets will be issued at one and a third fares; such tickets also being granted to the wife or daughter of a physician, and to one lady patient. It is proposed to hold a series of social entertainments during the stay of the members in the city, several prominent medical men having kindly offered to throw open their houses for such purposes.

BRITISH COLUMBIA MEDICAL ACT.—Through the kindness of Dr. Milne, of British Columbia, we have received a copy of the Medical Act just passed for this distant Province of the Dominion.

It is based upon the Ontario Medical Act, but contains some changes which are not undesirable. In the first place the elections are to be held annually; the number of members is limited to seven, and every voter is entitled to vote for seven persons. The seven who stand highest on the list shall be declared elected. The only clause which affects us is the following (sec. 28): The council shall admit to registration any person holding a diploma of qualification, from any school or college requiring a three years course of study; providing that the applicant is properly identified and passes before the members thereof, or such of them as may be appointed for the purpose, a satisfactory examination, touching his fitness and capacity to practise as a physician and surgeon. The registration fee is ten dollars. Homeopathic physicians may also be registered on complying with the above terms.

VIBURNUM PRUNIFOLIUM IN ABORTION.—Dr W. E. Green, writing to the *Brit. Med. Journal*, speaks very highly of the value of Black Haw in threatened abortion. He has kept notes of some twenty cases, and in two-thirds of them the result has been entirely successful, and in the others, failure was due to some imprudence on the patient's part, or to some other cause, quite beyond the control of the medicine. It has been used more frequently in this country than in England, and all observers so far as we know, hold that its action is generally satisfactory. Mr. Green recommends drachm doses in water every hour while the urgent symptoms last, and then three times a day till recovery. It is well to give a few doses at the time when the menstrual period would ordinarily appear, as there is more danger of abortion then than at other times.

THE CARTWRIGHT LECTURES.—Dr. Wm. Osler, of the University of Pennsylvania, delivered the fifth course of "Cartwright lectures" before the Alumni Association of the College of Physicians and Surgeons, New York, on the 23rd of March. His subject was "Certain Problems in the Physiology of the Blood," and the course has been highly spoken of. The first lecture dealt with the blood plaque, which is also known as the elementary corpuscle of Zimmerman, the hæmatoblast of Hayein, and the third corpuscle and blood-plate of Bizzozero. The second lecture treated of the degeneration and regeneration of the corpuscles. The third and last was on "the relation of the corpuscles to the process of coagulation." It is in connection with this process that the functions of the blood plaques present the most interesting problem.

SALICYLATE OF LITHIUM IN RHEUMATISM.—It is well known that certain cases of rheumatism prove utterly intractable to cure by salicylate of sodium. Especially is this the case in gonnorrhœal, and in certain forms of chronic articular rheumatism. Vulpian lately read a paper before the Paris (*Deutsche Med. Zeit,*) in which he states that he has had encouraging results from the lithmic salt. In certain chronic cases in which the sodium salt had been exhibited for a long time without benefit, relief was obtained by the use of the lithium preparation. The salt is agreeable to the taste, readily soluble in water, and may be given in doses up to 7 grains. He thinks, however, that the daily ingestion ought not to exceed 1 drachm. The after effects are preferable to those of the sodium salt.

TREATMENT OF IMPORFORATE HYMEN. — Dr. Baker, in a paper read before the Boston Obstetrical Society, (*Boston Med. & Surg. Jour.*), says he considers free incision of the distended hymen unsafe, when the fallopian tubes, as well as the uterus and vagina are distended by the retained menstrual fluid. The dangers are, first:—Septicæmia, from the tubes; and second, rupture of the tubes from the increased peristalsis of their walls, excited into action by the contracting uterus. If the tubes are involved, he counsels removing them by laparotomy, and then making a free crucial incision in the hymen so as to empty the uterus and vagina. When the retained fluid does not extend to the tubes he either evacuates with a trocar, or makes the usual incision, taking care to keep the coats of the vagina clean, and apart so as to prevent their union by adhesive inflammation.

SPARTEINE IN HEART AFFECTIONS.—Sparteine, the new cardiac agent, bids well to replace digitalis advantageously in certain affections of the heart. M. Honde and M. Sée have studied its properties, and have found it to act in three different ways. It increases the strength of the heart and pulse; it makes the heart beat regular, and causes fre-

quency of contraction. Thus, sulphate of sparteine is indicated in cases of weakened heart, through alteration in its tissue, or through obstruction of its valves. It does not seem to have any effect on the excretion of the urine. M. Honde advises the following formula:—Sulphate of Sparteine, 10 grs.; sugar of milk, 30 grs.; simple syrup, q. s. for 50 pills, two to ten a day; or sulphate of sparteine, 6 grs.; syrup of orange, 10 ounces; three tablespoonfuls a day.

Mussel Poisoning.—An unfortunate instance of poisoning by mussels, *mytilus edulis*, took place recently at Wilhelmshaven. The mussels were collected from two ships not copper bottomed, and eaten, the result being that nineteen persons were poisoned, of whom four died. The symptoms and post mortem appearances were those of irritant poisoning. Dr. Schnidlman attributed the poisoning to a polmanie, but with this view Professor Virchow did not agree, but he was inclined to the view that it was due to an akaloid. Small animals were killed by extracts made from the mussels, the activity of which was not destroyed by heat or alcohol, but by a drop of a solution of sodium bicarbonate. Dr. Koch has reported that he had discovered several characteristic bacilli, but as he had not succeeded in propagating them no definite judgment could be pronounced upon them.

The Value of Antimony in the Treatment of Psoriasis. — Mr. James Mason, (*Glasgow Med. ical Jour.*) strongly recommends the administration of tartar emetic in psoriasis, and details the following case:—A boy æt. 15, for the last year and a half had been troubled with a "scaly skin," which gradually grew worse, till he consulted a medical man under whose treatment he remained for eight weeks without deriving any benefit whatever. He was then put on five minim doses of vin. antim, and in one week his face and head were almost entirely free from scales. The dose was then increased to ten minims four times a day during the second week, and at the end of the third week all trace of the disease had vanished, with the exception of a small white patch on his right elbow.

Liquid Malt Extract.—This new preparation recently introduced by Wyeth & Co., of Philadelphia, promises to become a favorite remedy in the treatment of wasting diseases. It is well adapted for administration to nursing mothers and delicate children, in neurasthenia and certain forms of dyspepsia. The small percentage of alcohol it contains (less than four per cent.) renders it a safe and effectual preparation for delicate children and invalids.

Appointments.—T. H. Robinson, M. D., of Kleinburg, to be an associate coroner, for the County of York.

R. W. Bruce Smith, M.D., of Seaforth, to be an associate coroner for the County of Huron.

Alex. Sangster, M.D., Stouffville, to be an associate coroner for the Counties of York and Ontario.

Dr. George I. McKenzie, of Pictou, has been appointed coroner for the County of Pictou, N. S.

Gastric Ulcer.—Dr. G. K. Ter-Gregoriantz, of Tiflis (*Proceedings of the Caucasian Medical Society*), recommends the administration of six drops of an iced solution of perchloride opium, at first six, afterwards, four times daily, an hour before meals, together with a diet composed of an iced mixture of equal parts of milk, and boiled water, with well-toasted bread. An ice bag was also applied on the epigastric region.

The Action of Alkalies on Aloes.—It is well-known that the addition of bi-carborate of sodium or potassium to solutions of aloes considerably diminishes their bitterness. From a series of experiments instituted by Dr. Macdonald, it would appear however, that the effect is produced at the expense of the active constituents of the drug. Hence, in prescribing aloes it is desirable to avoid the addition of alkaline bases.—(*Med. Press and Cir., Lond*).

New Advertisement this Week.—Some injudicious friends have been endeavouring to injure the standing of Dr. Carleton, of Markham, Ont., among his professional brethren, by inserting letters in the local paper referring to his successful treatment of piles and *running sores*, and the editor of the paper has added insult to injury by classing them as "new advertisements this week."

The use of Turpentine for the Removal of Insects from the Ear.—Köhler recommends (*Rev. de Thérap.*) that the external meatus be filled

with oil of turpentine, which should be allowed to remain for five minutes. The ear is then washed out with a syringe, and in nearly every case the insect is brought away without further trouble.

POWDER FOR USE IN PYROSIS.—Dr. Monia says, (*L'Union Méd.*) that a teaspoonful of the following powder taken in a wineglassful of water gives excellent results in heartburn :

Pulverized phosphate of zinc 10 parts.
Calcine magnesia, . . . 3 "
Pulverized vanilla . . . 1 part.

MEDICAL COUNCIL ELECTION.—We understand that Dr. C. A. Jones, of Mount Forest, is also a candidate for election in the Saugeen and Brock Territorial District Division. There will, therefore, be a triangular contest for the honor of representing this important Division in the Ontario Medical Council.

VALERIAN IN DIABETES INSIPIDUS.—Demange says in *L'Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trousseau, and has been revived since by Bouchard.

LIQUID GLUE.—Fill a bottle with small pieces of best glue, and add as much acetic acid as it will then hold. Treat in a hot-water bath till the glue is melted, and you will have an excellent liquid glue that is always ready.

REMOVAL.—We have been requested to announce that Dr. T. Gaillard Thomas, of New York, has removed from 294, 5th Avenue to 600 Madison Avenue, between 57th and 58th streets.

A WRITER to the *Cincinnati Lancet Clinic*, says that a sponge moistened with ether or turpentine passed over the surface of adhesive plaster will render it more adhesive. No heat is needed and the plaster adheres evenly over its whole extent.

DR. J. FULTON, editor of the CANADA LANCET, sailed for Europe on the 1st inst., accompanied by his daughter. He will visit the Hospitals of London, Paris, and Vienna, and will not return before the 1st of October.

The death of Mr. Cooper Forster, of Guy's Hospital, London, Eng., author of "Surgical Diseases of Children" is announced in our exchanges.

Books and Pamphlets.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. Edited by Albert H. Buck. New York : Wm. Wood & Co., 1885. Vols. I & II.

This work is essentially a collection of articles alphabetically arranged, treating of the more important matters on which medical men are likely to desire information. The work will consist of eight volumes of eight hundred pages each, and will be issued as rapidly as circumstances will permit. Among the list of contributors to volume I. and II. we notice the names of Drs. Bulley, Gardner, Ross, Stewart, Williams and others of Montreal, and we learn that the names of other gentlemen in Canada will figure in the succeeding volumes. The work is, indeed, a great encyclopædia of medical literature. The intention is to embrace within its scope all subjects bearing directly and indirectly upon medicine. The following are a few of the subjects treated of in vol. I :—Abdomen, and tumors of; abortion, acclimation, acne, Adirondacks, adipocere air, artificial respiration, astigmatism, Avon springs, biology, bioplasson, bittersweet, blindness, blood, boils, brain, cæsarian section, cataract, and many others too numerous to mention, covering upwards of 800 large pages. The work is well-printed and handsomely bound, and will form a valuable addition to the physician's library.

THE PRINCIPLES AND PRACTICE OF MEDICINE. by Charles Hilton Fagge, M.D., F.R.C.P., Lecturer on Pathology, at Guy's Hospital, etc. Edited by P. H. Pye-Smith, M. D., F.R.C.P., Lecturer on Medicine at Guy's Hospital. Two volumes. Philadelphia : P. Blakiston, Son & Co.

This work on the practice of medicine, which occupied Dr. Hilton Fagge for the last twelve years of his life, is now before the profession. It is an entirely new work, and is based essentially on the experience of this indefatigable worker in the wards and in the dead-house of Guy's Hospital. We think we are fully justified in saying that, it is the most original and most elaborate text-book on medicine which has yet appeared, and well worthy the memory of its distinguished author. The first volume appeared a short time ago, and

the second is now nearly ready. We heartily commend this great work to the notice of the profession in Canada.

PRACTICAL HUMAN ANATOMY.—A working-guide for students, and ready reference for Physicians and Surgeons. by F. D. Weisse, M.D., Prof. of Practical and Surgical Anatomy, University of New York: D. Appleton & Co.

The aim of the author of this practical work on anatomy was to produce a working-guide for the student in the dissecting room, and also a ready reference to the physician and surgeon. The plan adopted is an excellent one, and consists in the division of the body into dissections. There are twenty-seven in all — abdominal parietes, viscera in situ, perineum, front of thigh, front of leg, etc. Descriptive paragraphs are given in connection with each, and copious illustrations are introduced. Special attention has been given to those regions and organs which claim frequent surgical and medical care. The mechanical execution of the work is all that can be desired.

AN ATLAS OF CLINICAL MICROSCOPY. By Alex. Plyer, M.D., of Schaffhausen. Translated by A. C. Girard, M.D., Assistant Surgeon, U. S. A., from the second German edition. New York: D. Appleton & Co.

The principal feature of the book is the large number of plates it contains, illustrating the microscopic appearances of the fluids of the body; blood, milk, urine, sputum, contents of stomach and bowels, fluid contents of tumors, micro-organisms, etc. As the work is chiefly intended as an atlas, the author has made the text as short as possible, mentioning only what has to be borne in mind by the physician. Considerable attention has been given to the various diseases of the urethra, bladder and kidneys. The work should meet a hearty reception at the hands of the profession.

A MANUAL OF DISSECTION OF THE HUMAN ANATOMY. By Luther Holden. Fifth Edition, edited by John Langton, with two hundred illustrations. Philadelphia: P. Blakiston, Son & Co. Toronto: Willing & Co.

This work is already well and favorably known to the profession both at home and abroad. The work has been most carefully revised and additional matter introduced. It is at the same time as concise as it is possible for a work of the kind to be, and the subject matter is put in as clear and practical a light as is compatible with the faithful handling of its natural difficulties. The muscles, vessels, nerves, etc., are described as they are successively exposed to view in the process of dissection, a plan now generally recognized as the correct method of teaching the subject. The subject of osteology is dealt with in a separate volume.

CLINICAL NOTES ON UTERINE SURGERY, with special reference to the Management of the Sterile Condition. By J. Marion Sims, B.A., M. D., late Surgeon to the Women's Hospital, of New York. New York: Wm. Wood & Co.

The author in his preface states that the facts are strung together from the notes of cases recorded in the Women's Hospital. This collection of "Clinical Notes" lays no claim to the character of a systematic work, but is none the less interesting or useful on that account. Many interesting subjects, such as fistulæ of the bladder, rectum and vagina, lacerated perineum, etc., have been omitted, for the reason that the author contemplated preparing a fully illustrated monograph on these subjects. The author was too well known in his specialty to require any words of commendation. The profession will gladly welcome this "memorial edition" of the work of so distinguished a gynecologist.

DISEASES OF THE TONGUE. By H. T. Butlin, F.R.C.S., Assistant Surgeon St. Bartholomew's Hospital, London. Philadelphia: Lea Bros., & Co.

We gladly welcome this unique and interesting work on diseases of the tongue by Mr. Butlin. The clinical notes and drawings have been made from cases occurring in the large Metropolitan Hospital during a period of years in the practice of the author and his colleagues. The engravings and chromo-lithographs are well executed, and the work is on the whole a most valuable one. No surgeon should be without it.

PRACTICAL SURGERY, including, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, Excisions, etc. By J. Ewing Mears, M. D., Lecturer on Practical Surgery, Jefferson Medical College. Second edition with 490 illustrations. Philadelphia: P. Blakiston, Son & Co.

The work before us has been very much improved in passing through the second edition; new matter has been added, and evidence of a thorough

revision is everywhere present. The title page indicates the scope of the work, which is of the most practical character. It will be found especially useful as a work of reference in emergencies.

Diseases of the Brain and Spinal Cord. Gowers.

This is the December issue of the enterprising house of Wm. Wood & Co. No better close of a good year's work could have been presented to the readers of the series. Dr. Gowers has treated the subjects of brain and spinal diseases, as might have been expected at his hand, in a masterly way. The portion of the book devoted to the brain consists of eighteen lectures, in which the following subjects are treated of in clear and simple terms, —viz: Medical Anatomy, Symptoms and Diagnosis, each of which has been exhaustively discussed in conformity with the latest experimental and clinical observances.

The part pertaining to the spinal cord covers about one-third of the book. Perhaps the most valuable portion, to the general practitioner, is that relating to the tendon, or as the author prefers to designate the phenomena, muscular reflexes. The instructions here given are highly important, and cannot fail to prove extremely valuable to those who desire a better acquaintance with this means of formulating a reliable diagnosis of lesions of the cord. It is but justice to the author that we should advise the reader to devote more attention to the precious text, than to the illustrative plates; the former is so excellent that it is a pity it has been rather obscured than brightened by futile artistic decoration.

The Surgical Diseases of Children. By Edmund Owen, M.B, F.R.C.S., Member of the Board of Examiners of the Royal College of Surgeons, England, Surgeon to the Hospital for Sick Children. Cassell & Co., London and New York.

This is one of Messrs. Cassell's series of Clinical Manuals, and does credit alike to author and publishers. The book is profusely illustrated and will be found a most useful guide to the diseases on which it treats. The author does not lay claim to having produced an exhaustive treatise, his design being to compose a "complete monograph" alike useful to practitioners and students. In this we may safely say that Mr. Owen has succeeded. The advice "How to bring up infants" is singularly judicious and free from all attempts to make the infant stomach a sort of experimental ground for the numberless "patent foods" that meet the young and inexperienced mother on every hand. We commend the perusal of Mr. Owen's manual to the junior members of the profession, and we are sure that they will find the book a safe guide to the diseases of those who form a large percentage of the patients attended in the daily routine of practice.

The Year-Book of Treatment for 1885. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Bros. & Co.

The object of this work is to present a review of all the most important advances made in the treatment of disease during the past year. Each department has been dealt with fully and concisely, and the contributors are among the foremost men in the profession. The medical literature of all countries has been laid under contribution.

Post-Mortem Examinations, with Especial Reference to Medico-legal Practice. By Prof. Rudolph Virchow, Berlin. Translated from the Fourth German Edition. Philadelphia: P. Blakiston, Son & Co. Price $1.00.

We commend this work to the attention of the profession. It would be well if all post-mortems were conducted on the lines laid down in this guide-book.

Notes on Diseases Among the Indians Frequenting York, Hudson's Bay. By Percy W. Matthews, M.R.C.S., Eng., M.R.C.P., Lond., LL.D., Medical Officer Hudson's Bay Co., etc. Montreal: Gazette Printing Co.

A Text-book of Nursing for the use of Training Schools, Families and Private Students. by Clara S. Weeks, New York Training School. D. Appleton & Co.

Births, Marriages and Deaths.

On the 28th of February, Dr. G. W. Gunter, of Middleton, N. S., aged 58 years.

On the 15th ult., Dr. John McKelcan, of Hamilton, aged 82 years.

On the 11th ult., Dr. H. T. Gilbert, of Georgetown, N.B., aged 57 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

Vol. XVIII. TORONTO, JUNE, 1886. No. 10.

BOSTON MEDICAL LIBRARY AUG 4 1886

Original Communications.

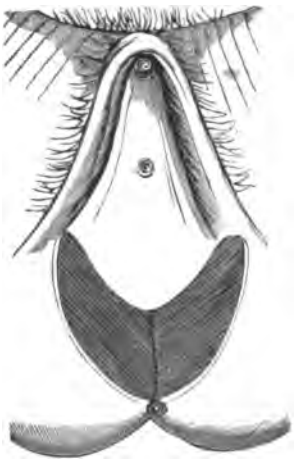
NEW METHOD FOR THE RELIEF OF RUPTURED PERINEUM.*

BY E. H. TRENHOLME, M.D., B.C.L.

Prof. of Gynecology, Bishop's College, Montreal.

This disease must be as old as parturition itself, and yet, beyond the adjustment of the parts by binding the knees together, in recent cases no really successful advance had been made for its cure till the late ever-lamented Dr. Sims introduced his silver suture. The operations of Baker Brown, and others, were not of any real value, and perhaps the cause or nature of failure was not fully brought out till Emmet's paper upon this subject was given to the world. Now, I do not propose to go over the many points connected with this trouble and the operations attempted for its cure. How much progress has been made can hardly be conceived of by those who have graduated during the last twenty-five years. One of the best and most esteemed surgeons of this City of Montreal, and, I might say, of this country, endeavored to dissuade a confrere from attempting the operation, stating that "it was sure to be a failure." Not only did he do this, but used his endeavors to prevent the lady from having the operation performed. Thanks, however, to the silver suture and the courage of the operator, the operation was successfully performed and the patient cured. This, occurring in our good city, speaks volumes. For my own part I think the evils resulting from severe lacerations are very great, and if anything, I may say, will direct more attention to the prevention of these evils, I will be satisfied. I feel confident that the sum-total of the sorrow and misery arising from this cause vastly exceeds our conception. It is a recognized factor in the causation of subinvolution of the vagina and uterus, and I am persuaded its results are not limited to these organs, but that the tubes and round ligaments share in the same mischief. It is a fruitful cause of retro-fixations of the uterus and prolapsus of the bladder.

Of all the marital misery and personal distress I need say nothing—these, of course, vary with the peculiarities of individual cases and the extent of the disease. I will not speak of the well known prepartion of the patient required, especially in extensive lacerations; you all know as to this and the after-treatment also. There is one remark I wish to make as to what is known as the perineal



No. 1.

body. Some writers have made light of its existence, because its anatomy and relations are not sufficiently definite to merit, as they think, this appellation. That every uninjured perineum has such a body is unquestionable, and the restoration of this body is *the one* object of perineorraphy.

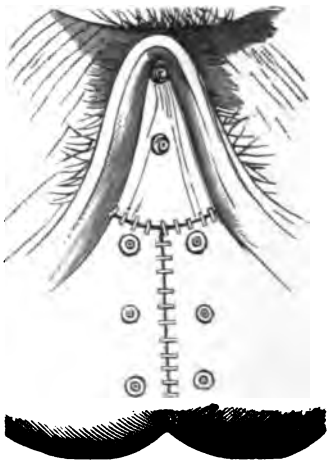
An operation is successful or unsuccessful, according as to whether this end of the operation is or is not attained—without it the natural support of the pelvic viscera is impossible—not only is there apt to be hernia of the anterior rectal wall, but prolapsus of both bladder and uterus—and this in the order I have given them. The best success, heretofore has followed Emmet's operation. His conception of the trefoil character of the surfaces to be brought together, is based upon a right conception of the anatomy of the parts. The perineal

*Read before the Medico-Chirurgical Society, Montreal, April 2, 1886.

body being the central, and the lateral surfaces the outside leaves of the trefoil—each sulcus represents the lateral borders of the vagina and rectum. Perfect union of these surfaces leaves but little more to be desired. What remains to be attained is the object of what I now offer. In

No. 2.

the first place, the loss of any tissue is to be avoided, and sure union by first intention, the desideratum to be attained. My operation is based upon the recognition of the immense value of the perineal body. I denude the surfaces to the fullest extent of the parts injured. This denudation is accomplished by the removal of the covering of the parts to be denuded in the cicatricial surface in *one* piece. For this purpose the first incision is made at the upper part where the edge of the skin coalesces with the cicatricial surface—the dotted line in sketch No. 1 shows this—the knife is entered at the highest point on the right side, and the incision brought down to the lowest part of the fourchette, when it is met by a similar incision on the left side. The lowest part of the angle is then seized with the forceps and carefully dissected upward, taking special care to remove the whole surface without incising the flap — this dissection is carried on till the surface represented by the original wound is uncovered. This flap, when raised with the hook, is seen in drawing No. 2. The next step is the introduction of the sutures, which should be of catgut, as they cause very little irritation and usually come away in 6 or 8 days and upon this point I would say a word in favor of the use of the clamp shield suture, which I adopt. It is by far the best one. This is because it gives the greatest possible extent of surface to surface—much greater than can be secured by any other means. Two deep sutures usually suffice, and these—whether silver, silk, or catgut—are passed in and secured by clamped shot upon an ivory shield. The first suture should be inserted low down, and about $\frac{3}{4}$ of an inch from the edge of the wound. It must be passed under the denuded surface so as not to appear, and brought out on the opposite side at a point corresponding to that of insertion. The second deep suture is similarly introduced higher up—the last deep suture should catch the flap, and the interrupted suture will do for this. The edges of the wound are coapted by horse-hair sutures, while the upper part of the flap on the right and left side are secured by the running catgut suture—this leaves the united surfaces in the shape of the letter T. The vaginal surface of the wound is perfectly covered, and in no way can a drop of fluid enter the wound or interfere with union by first intention. There is very little pain, inasmuch as the deep sutures are clamped and allow of distention. Interrupted sutures should not be used. Where the rupture extends into the rectum the flaps are carefully brought together by running catgut sature, and the operation completed as in this case.



No. 3.

The objection felt to all former modes of operating was that it left the vaginal incision open, which sometimes therefore interfered with union by first intention. This, by my method, is now impossible, and when catgut is used the results of the operation

leave absolutely nothing more to be desired. The following points are gained 1, perfect union, 2, perfect restoration of the perineum, 3, no loss of substance, and 4, no after fever worthy of the name.

Sketch 3 shows the condition of the parts at the completion of the operation.

TETANUS FROM TOOTH EXTRACTION—RECOVERY.

BY A. C. GAVILLER, GRAND VALLEY, ONT.

On the 26th March, W. P.——, æt 30, called at my office to have a tooth extracted. The tooth was the first molar in the lower jaw, right side. He stated it had been aching for two weeks, and he thought it was ulcerated. He said he had slept very little for several nights previous, owing to the pain; and otherwise expressed himself apprehensive of the result. Upon adjusting the tooth forceps and tightening my hold I found the tooth was extremely tender, and upon attempting to draw the tooth, the patient moved his head, thereby causing the forceps to slip, breaking the tooth, one root remaining firm in the socket, the front root coming half out, when the tooth broke leaving the root in a twisted position, pointing outwards, but still quite firmly fixed in the socket. The patient appeared to suffer intense pain, and drew his breath in deep, violent and spasmodic gasps. He also complained of stiffness in his hands, especially the right, and I now perceived that the fingers and thumb, though quite straight, were drawn together at the extremities and appeared to be quite stiff so as to oppose all motion, either voluntary or passive, as though partially frozen. On trying to open his hand the resistance was similar to that in a muscular cadaver during the rigor motis. He also complained of a similar stiffness in his feet. With a fresh pair of forceps I extracted the root which was raised in the socket, after which he said the pain in the head was much easier, but the stiffness of his hands and feet did not abate. The tooth was extracted at 1 p m. A gentleman who happened to be in my surgery, and myself, hastened to apply vigorous friction to the affected hands and feet, with decided improvement, so long as the friction was continued, but on ceasing the friction, the stiffness advanced rapidly up the arms and legs, invading the muscles of the chest, causing extremely labored respiration. I administered chloroform at 1.25, but it did not appear to arrest the rapidly advancing rigidity, while the irritation of the vapour on the lining of the bronchial tubes excited spasmodic contraction of the bronchial muscular fibres, so that respiration resembled that of a typical case of asthma. As these means failed, I administered ether, one drachm in three drachms of alcohol, diluted with water, and injected $\frac{3}{8}$ grain of morphia, while vigorous friction with whiskey was continued on the patient's limbs, which, despite our utmost efforts were rapidly becoming more rigid. The friction undoubtedly retarded the progress of the spasms as the patient expressed himself feeling better and having less stiffness in the limbs when the friction was freely applied. The character of the spasms was throughout, one of tonic rigidity with exacerbations. An exacerbation would commence in the hands and feet and rapidly travel up the limbs in a wave-like manner toward the trunk. In the trunk the muscles of the back were principally affected. The neck also was drawn forcibly backwards, which, together with the contraction of the muscles of the back, gave the typical appearance of opisthotonos. During two of the exacerbations respiration was entirely suspended, owing to the complete rigidity of the muscles of the thorax, so that the patient lost consciousness by apnœa. The heart also appeared to be implicated by the spasm, as the pulse ceased to beat during the acme of his most violent attack, in which his hands were so firmly clenched that an assistant who was engaged in rubbing one of the patient's hands—felt his hand almost crushed by the vice-like contraction of the patient's fingers. Another assistant, a powerful and heavy man, was lifted off his feet by a spasm affecting the lower limbs. At this time, about 2 p.m., the rigidity invaded the muscles of the jaws so that they were several times firmly locked, while the patient remained perfectly conscious. During the remissions, the patient complained of numbness and stiffness of the hands and feet and in a less degree of the legs, with stiffness of the jaws; but with these exceptions, throughout the whole attack, the patient's senses were perfectly clear and his mind collected, except when almost suffocated by the extreme rigidity of the muscles of the thorax. The spasmodic contraction affected the muscles of the eye to such an extent that the

cornea was frequently completely invisible, from extreme rotation of the eye-ball. At 2.30 the pupil was much contracted by the morphia, but the spasms were yet at their height. I, therefore, again had recourse to the morphia, believing that my only chance of success lay in deadening the nerve-centres before the circle of vicious reflex action became fully established. Whilst charging my hypodermic syringe the patient had so severe an exacerbation that my assistants, with one exception, pronounced him dead, some leaving the room. I immediately injected ½ grain of morphia partly in the temple, and the remainder in the forearm; both of which parts were immediately subjected to powerful friction. The injection took effect rapidly and the spasms shortly began to abate, and by 3.15 had entirely ceased. The parts last affected were the muscles of the little fingers. No sooner had the rigidity ceased, than the patient sank into a somnolent condition. Those functions, which, during sleep are continued by reflex action, appeared most affected, for while his sleep was yet light, his respiration entirely ceased, so that when I re-entered the surgery, after an absence of a few moments, I found his features livid, his pulse almost imperceptible, and no visible respiratory movement. I immediately called him loudly by his name and he readily awoke and sat up, but shortly lay down and relapsed into the former condition of light sleep, his respiratory movements being very slight and gentle, and diaphragmatic, but not at all slow. In this condition he continued, gradually becoming more wakeful. At 7 p.m he complained of occasional twitching of the muscles of the arms and shoulders, which, probably, was at least in part due to the action of the morphia, which I have observed to produce similar effects in other cases. For this twitching Dr. A. Groves, of Fergus, in whose care I had left him for a short time, administered one drachm of pot. brom., and advised a similar dose at midnight, which was given. The bromide speedily relieved the twitching. Several assistants watched the patient through the night. About 2 a.m. he was observed to fix his eyes on certain objects, and extend the fingers of his right hand in a very peculiar manner. I prescribed ⅓ grain morphine per orem. After this he slept gently until half-past five, when his breathing suddenly became very faint, and his pulse almost imperceptible. My assistant found it extremely difficult to arouse him, but after shaking him vigorously and speaking loudly to him he roused up, and when I saw him a few moments later I found him easy to arouse, and his respirations of ordinary rapidity; but entirely diaphragmatic and of small ampiitude. I think, when the ⅓ grain of morphia was admininistered at 2 a.m., patient was still influenced by that, which had been given the previous afternoon, and that ⅛ grain would probably have been a preferable dose. During the next three days he gradually regained strength, although it was some days before he could fully open his mouth. The jaws did not seem stiff, but the mouth opened only so far and then came to a full stop. Movement was free so far as it went. I did not permit him to leave my surgery until twenty-six hours after the final disappearance of tetanus, neither did I allow him any solid food. When he awoke on the fourth morning, he found the third and fourth fingers of the right hand firmly flexed on the palm, so that it required some time and friction ere he could extend and move them freely. He also felt very nervous and shaky, and complained of palpitation of the heart. I therefore prescribed the following:

℞ Tr. Cinch. Co. . . . . ℥ i.
Pot. Brom. . . . . ℥ i.
Tr. Digital, ... ℥ ii.
Aqua. Ad. . . . . ℥ viii.

S.—℥ss. ter. in die. —M.

From this time he rapidly improved, and when I last saw him, April 2nd, he expressed himself as being in his usual state of health.

FIBRO-CYSTIC TUMOR OF UTERUS AND OVARY—OVARIOTOMY—RECOVERY.

BY K. N. FENWICK, M.A., M.D., PROF. OBSTETRICS AND GYNECOLOGY ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

Mrs. B. aged 36, married eleven years: no children; no miscarriages; always regular. About eight years ago first complained of pains in the abdomen, and was informed by her physician that she had a tumor. About two years ago she moved to Kingston, and upon examination I found a tumor in the right side of abdomen about the size of a child's head, hard and evidently containing fluid. At that time there were no indications of its fibrous character, and I had the impression that it was

ovarian, but as the symptoms were not urgent an operation was not suggested. She soon after this left Kingston and moved to Carlton Place, where the tumor rapidly became larger, and as the pain, distension, and vomiting became very troublesome she was tapped to give temporary relief. The cyst very rapidly refilled, and four weeks afterwards the symptoms becoming very distressing she came to Kingston General Hospital to have the tumor removed.

On admission she was hardly able to retain any food; the abdomen was very fully distended, tense, and marked by veins; she suffered constant pain in her side; and her face had an expression of hopeless anguish.

On the 21st of April, 1886, the room being heated to 80°, and with strict antiseptic precautions, bichloride of mercury being the agent employed, and assisted by Dr. Stirling, and Messrs. Errett and Robertson, medical students, I proceeded to operate. The spray was not used

An incision was made four inches in length, from below the umbilicus towards the pubes in the median line, cutting the tissues in order upon a director until the peritoneum was reached, which was carefully cut in the same way. A sound was then introduced and passed all round the anterior and lateral walls to feel for adhesions, but these were slight and easily freed. She was then turned upon her right side and the cyst punctured with a curved trocar and sixteen quarts of a greenish-yellow fluid removed, the cyst walls being gradually drawn out, and a solid mass as large as two fists which again was found to be attached to the whole of the upper border of fundus of uterus and the right broad ligament. An endeavour was made to tie this broad pedicle with silk in sections, but as it was found to be useless this was tied and left in. The pedicle then consisting of uterus and broad ligament, fully eight inches wide, was sewed with silver wire, using the cobbler's stitch as recommended by Emmet. The cyst walls and solid mass were then cut away about an inch from this, and as there was still a good deal of oozing from the stump it was held up to the wound by the fingers and seared thoroughly with the thermo-cautery, and then as it still bled it was swabbed with perchloride of iron, and dropped into the pelvic cavity. The abdominal cavity was then carefully sponged out, the edges of the peritoneum sewed up with a continuous catgut suture, finally including the rest of the wound. Collodion, iodoform gauze, bichloride gauze, absorbent cotton and a bandage completed the dressing. No drainage tube was used. She suffered severely from shock for a few hours, but soon recovered, and the next day her pulse was 120, temp. 100° and resp 33. Her condition remained about the same until the 8th day, the vomiting having ceased since the operation, and having no pain whatever nor even tenderness over abdomen. Her diet for forty-eight hours consisted simply of iced brandy, and then she was allowed milk and limewater, and for a week milk and brandy only.

The wound was dressed on the 8th day and found perfectly united without a drop of pus. On the evening of the 8th day her temperature went up to 105°. On examining the wound there was found a little gaping of the skin in the centre and some bloody serum oozed out, but it had no smell, and after washing it out with bichloride solution it ceased. During the next few days the skin gaped a little but the deeper parts were perfectly healed and the outer part of the wound was closed with adhesive plaster.

Quinine in 10 gr. doses was given in capsules twice a day, and the temperature then came down to 101° and hardly ever rose higher, and about the 19th day after the operation it became normal.

About the 9th day she had diarrhæa which continued more or less for several days, but was kept in check with starch and laudanum injections, and also by sulphate of iron, and lactopepsin in capsules.

On the 20th day she sat up for the first time and was allowed to have full diet, since which time her recovery has been uninterrupted, leaving for home on the 17th May in good spirits.

Correspondence.

ONTARIO MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR,—In common with many others, I am glad to note that an effort is being made to get the members of the profession in Eastern Ontario to take more interest in the success of the Association, and to manifest that interest by attending the meetings with more regularity. I sincerely hope the effort will be successful, and that this year the wise men from the east will appear in

greater force at the coming meeting at Toronto in June. You will pardon me, I trust, for mentioning one matter which I have frequently heard spoken of, and that is, that in the management of the affairs of the Ontario Medical Association the men from eastern Ontario seem to be somewhat slighted. This may never have been done intentionally. However, while the Association has been in existence now nearly five years, and a new President has been chosen each year, no one east of Toronto has ever been selected for that honorable position. It is true that each year some eastern man is selected for vice-president, but at the close of the year, instead of being promoted to the presidency he is retired and another chosen for the vacant position. Some of us think that when a man has been selected as vice-president, he should, before being retired, be allowed to have the honor of the presidency. I am glad to learn that some who take a prominent interest in the Association have stated that the present vice-president from eastern Ontario will likely be selected president for the ensuing year. If this is the case I am sure no one will express or have reason to feel the slightest dissatisfaction. One more suggestion and I will stop. Let some effort be made to suppress the paper fiend—I mean that individual who turns up at every meeting with a paper or something which he must read, and although no one but himself thinks his production is a clever one, yet he seems to think it necessary to take up valuable time which might better be devoted to interesting discussions on the different reports. These discussions always bring out the views of some of the best medical men in the Province, and are most instructive to the oldest of us. The Association should not be divided into sections for this divides the interest, and usually the room of one section is full while that of the other is almost deserted. Perhaps these suggestions will do no harm.

Yours, OLD SCHOOL.

Selected Articles.

CONTRIBUTIONS TO PRACTICAL SURGERY.

BY PROF. JOHN CHIENE, ED.

Hernia.—In old people with long standing hernia the curative action of a truss cannot be looked for; but in all recent cases at all ages a truss must be applied, not simply as a palliative, but in order to effect a cure. The younger the patient, the greater is the probability of this good result. The hernial protrusion, after it has once been reduced, should never be allowed to come down again. Although in the recumbent posture the chances of the hernial protrusion occurring are diminished, still, as any exertion, as in the act of coughing, may during the night cause the protrusion, a truss should be worn day and night. During the night less pressure is required to keep up the hernia, and if a spring truss is irksome to the patient the hernia may be kept up by a thick pad of layers of lint or layers of flannel, fixed in position by an elastic spica bandage.

(*a.*) In inguinal hernia a double spiral truss is preferable to a single-headed truss In young children the presence of an inguinal hernia on one side indicates a tendency to hernia on the opposite side; in the adult the same factor is at work, although in a less degree; for this reason the use of the double-headed truss is indicated. A double-headed truss also fits more comfortably, and gives that general support to the lower part of the abdominal wall which renders the patient infinitely more comfortable than if he used simply a single-headed truss. In inguinal hernia care must be taken that the pad of the truss does not press on the spine of the pubis. In the oblique variety the principal pressure should be over the situation of the internal abdominal ring, and the head of the truss should not extend to a lower level than immediately below Pourpart's ligament. Otherwise, when the patient stoops, the tissues of the thigh, pressing on the lower part of the head of the truss, are apt to displace it in an upward direction and render it inefficient, the hernia escaping below it. Although in some rare cases a perineal band may be necessary, every endeavor should be made to avoid its use, as it is irksome. The wearing of a piece of boracic lint below the pad of the truss prevents chafing and irritation of the skin, and the parts are kept dry, the presence of the lint allowing of free evaporation. The pad must be flat and have no tendency to press into the inguinal canal. All that is required is to support the weakened wall, and any pressure into the canal tends to weaken by atrophy the structures which form its walls, and in this way to prevent a radical cure. Everything should be done to imitate Nature's way of curing a hernia, namely, by contraction of the neck of the sac and contraction of the fascial structures which surround the neck of the sac. The surgeon should see to the application of the truss himself. The weaker the truss the better, as long as it fulfils its object, keeping the hernia up. Each time the hernia is allowed to come down the tissues are stretched. The good work of weeks is undone by a single protrusion, and hence the im-

portance of explaining to the patient the necessity of never allowing the hernia to come down.

(*b.*) In umbilical hernia the natural tendency to contraction of the abdominal opening is interferred with if a nipple-shaped pad is used. The pad must be flat, of a considerable size and thickness, and in the child it is best kept in position by the use of a broad elastic bandage. If the pad is made of layers of flannel, it should be placed next the skin, under the chemise; the elastic roller is then passed round the body over the chemise, and a large safety-pin is passed through the bandage, chemise and pad, fixing the last firmly in position.

(*c.*) In femoral hernia the great depth of the crural ring through which the hernia protrudes prevents pressure being made directly upon it, and in this form of hernia the use of a small nipple-shaped triangular pad, fitted on to the ball and socket joint of the Salmon & Ody truss, as first recommended by Prof. Spence, is the most efficient means of keeping up the hernia. By the judicious use of what is termed a keeper, the lower extremity of the pad can be tilted upwards and backwards, increasing the efficiency of the appliance. In some cases of inguinal hernia, instead of the fixed head, the Salmon & Ody ball and socket pad arranged with a keeper may be found useful.

(*d.*) A hernia, apart from strangulation, is irreducible either in consequence of adhesions of the omental contents to the inner surface of the sac wall, or in consequence of induration and chronic enlargement of the omental contents after they have passed into the hernial tumor. In the former case, in order to reduce the hernia, a cutting operation will be necessary, opening the sac, dividing the adhesions, and returning the contents. In the latter case, namely, where there is induration with thickening of the omental contents, the reduction of the hernia is generally effected by prolonged treatment in the recumbent posture, the foot of the bed being elevated, and the patient kept on low diet. Some years ago the writer had under his care a patient with a large irreducible inguinal hernia, in whom repeated attempts had been made to reduce the hernia by the methods indicated above. In that case, the continuous use of elastic pressure over the whole surface of the inguinal tumor, by means of an elastic bandage, enabled him to completely reduce the hernia after three days of continuous pressure. Since that time several cases of irreducible inguinal, femoral and umbilical herniæ have been treated in this way with most satisfactory results; and in every case of irreducible hernia this method should receive a fair trial before cutting down and relieving the irreducibility by operation.

In the reduction of an inguinal hernia the mobility of the neck of the sac, where the constriction exists, is a great obstacle to reduction. It is therefore necessary to fix the neck of the sac with one hand before applying pressure over the hernial tumor with the other hand. If the hernia is of large size, the reduction is often facilitated by getting an assistant to fix the neck of the tumor, the surgeon applying pressure with both hands over the hernial mass. In femoral hernia it is impossible to fix the neck, and, although the anatomical relations here render the neck of the sac less mobile than in inguinal hernia, still the impossibility of grasping the neck during taxis is in all probability the main reason why taxis fails more frequently in femoral than in inguinal hernia. The pressure in femoral hernia is mainly on the apex of the tumor, and as the effect of pressure is often simply to change the shape of the tumor, its reduction is not effected. In inguinal hernia the neck of the sac can be fixed, and the pressure can be applied over the surface of the tumor in a more efficient manner.

(*e.*) When a hernia is strangulated, that is to say, when there is an obstruction to the blood-flow into and out of the hernial tumor, if taxis fails, there should be no delay in operating. It is often a very difficult matter in practice to distinguish a strangulated hernia from an inflamed hernia, in which there is no inflammation of the contents of the hernial tumor apart from strangulation. It is also difficult to diagnose a strangulated hernia from an obstructed hernia, in which there is an obstruction to the free passage of the contents of the bowel within the hernial sac. In the first case it is a local peritonitis, in the second a local constipation. Both conditions, if they persist, end in strangulation. When the surgeon is in any doubt, he should operate. In all cases in which there are any symptoms which may be referable to a strangulated hernia, a careful examination by sight and touch must be made of all the situations in which a hernia may exist; and if in any of these situations a swelling is discovered, however unlike it may be to a hernial tumor, the surgeon should cut down upon the swelling, and carefully examine its exact nature. He may find, for example, only an inflamed gland, or he may find a small hernial tumor behind an inflamed gland. In the former case no harm has been done; in the latter case delay would probably mean a fatal result. Do not be deceived by a free passage of the bowels after the symptoms of strangulation have commenced. In women more particularly, two or even three free movements of the bowels may take place after complete strangulation. The bowels being loaded with fæcal matter, the passage of this fæcal matter per anum deceives the surgeon, and he delays operating until it is often too late. After operating, relieving the constriction, and returning the contents, ligature the neck of the sac, and stitch together the structures which surround the neck —perform, in other words a double operation; firstly, relieve the strangulation; and, secondly,

attempt to cure permanently the tendency to the formation of a hernia In performing the radical cure, therefore, either after the operation for strangulated hernia, or after operating on an irreducible hernia which has resisted carefully applied elastic pressure, or after operating on a reducible hernia which cannot be kept up by a truss, imitate Nature's method of cure,—ligature with catgut the neck of the sac, and stitch together the anatomical structures which surround the neck of the sac.

The Rectum—In all rectal affections there is often great depression of spirits. There is a close physiological connexion between the genito-urinary tract and the rectum. Very frequently a patient will come to you complaining of irritability of the bladder, which may be due to some rectal irritation, *e. g.* piles or fissure ; and it is, therefore, a good rule in all cases of irritable bladder to make a careful examination of the rectum, anus, and perineum. In all rectal examinations care must be taken to ascertain before making the examination that the patient is not suffering from acute syphilis. The discharge from an ulcer when the patient is in this state is infectious. In an examination of the prostate it is best to place the patient on his back ; but in an examination of the posterior rectal wall the patient is best lying on his left side. In the married female, the surgeon with two fingers introduced into the vagina can by pressure cause protrusion of the mucous membrane of the rectum, and in this way assist the diagnosis in cases of fissure and of internal piles. The best way, however, of examining a male patient is to make him lean over the back of a chair. If the buttocks are then separated, much may be learned by a visual inspection of the perineum If there is any discharge the skin of the perineum will be more or less excoriated, the area of excoriation corresponding to the portions of skin in apposition with each other. If there is a fissure, the opening of the anus will be firmly closed by the contraction of the sphincter, and the patient shrinks from any tactile examination. One small external pile is often an indication of the presence of a fissure at its base. A venous pile, due to the rupture of a small vessel at the junction of the skin and mucous membrane, will be indicated by a bluish colored projection at the seat of the rupture. A redundancy of the folds of skin around the anus indicates in all probability the presence of internal piles within the opening. A leathery appearance of the skin around the anus is seen in the affection termed pruritus ani. After a careful visual examination the finger well oiled is to be introduced gently, and with a rotatory movement into the cavity of the rectum. In some rectal conditions associated with an abnormal dryness of the mucous membrane in the narrow part of the canal corresponding to the internal sphincter, this dryness will be best overcome by the injection of an ounce of warm oil before attempting to introduce the finger. After the finger is fairly within the rectum, inflammatory affections of the mucous membrane will be indicated by increased heat within the rectum. The presence of a fissure will be discovered as the finger is being introduced. Some fissures lie immediately within the opening. In this case the lower extremity of the fissure will be observed by forcibly separating the buttocks, and stretching the skin around the anus. In other cases the fissure lies altogether within the opening, and can only be diagnosed by feeling it with the finger. An anal speculum may be used in doubtful cases, but the educated finger is the best diagnostic. The condition of the prostate is carefully to be noted : (1.) With regard to its size and its shape, increase in size of one or other of the lateral lobes indicating lateral hypertrophy of the gland. (2.) As to the presence of a soft point or points, indicating either inflammatory abscess or tubercular deposit in the process of disintegration.

In the examination of a fistula with a probe, the finger in the rectpm will enable the surgeon to discover more easily the internal opening. In stricture of the rectum the stricture is almost always within reach of the finger, and the condition of the stricture can be carefully examined. After the finger is removed the presence of pus or slimy blood-stained mucus will indicate the existence of an ulcerated surface. Diarrhœa is often a symptom of stricture of the rectum, and in anyone above middle age who suffers from persistent diarrhœa a rectal examination should always be insisted upon in order to assist the diagnosis.

DIFFERENTIAL DIAGNOSIS OF HEPATIC DISEASES.

Dr. W. E. Quine *(Western Medical Reporter)* : The diagnosis of a disease of the liver is accomplished by comparing, successively, each group of symptoms known to be characteristic of a disease of the organ, with the group presented to our patient, and then deciding which of the former fits our case. The presence of jaundice is a prominent feature of some groups, while its absence from others is equally noticeable. Hence its presence in any case of disease before us, limits the process of comparison to those diseases whose symptomatic groups contain it. The same may be said of other striking symptoms, such as pain, ascites, enlargement of the affected organ, etc.

Consider the diagnostic relations of jaundice first :

1. Remember that its absence is not proof of the absence of hepatic disease. 2. Intense jaundice, clay-colored stools, and a distended gall bladder, indicate obstruction of the common duct. 3.

Jaundice, preceded by a history of severe pain, is of calculous origin, and due to obstruction of the common duct. 4. Jaundice, associated with an antecedent history of similar attacks, points to gastro-duodenal catarrh, or to biliary calculi, as the primary morbid state. 5. If it occur suddenly, in apparent health, it is due either to obstruction of the ducts, or to emotional disturbance. 6. If it appear slowly, yet progressively, it is due either to stricture, or to compression of the common duct. Stricture usually has an antecedent history of biliary colic, and compression is often associated with a discoverable tumor. 7. Slight but persistent jaundice is due either to incomplete obstruction of the biliary ducts, or to passive congestion of the liver. Passive congestion depends on some thoracic obstruction to the circulation—either disease of the heart, or disease of the lungs. 8. Very slight jaundice, associated with an abnormally small liver, indicates sclerosis of the organ. 9. Jaundice, associated with enlargement of the liver, is, in acute cases, of catarrhal origin; and in chronic cases it is usually due to cancer, but occasionally due to hypertrophic sclerosis. It occurs in over fifty per cent. of the cases of cancer. 10. If jaundice be attended with fever, it is due either to gastro-duodenal inflammation, or to inflammation (infective) of the portal vein; or it is a complication of some specific febrile disease. 11. Jaundice, associated with ascites, indicates either cancer or sclerosis. In cancer the liver is abnormally large, and in sclerosis it is abnormally small. In cancer, ascites occurs in seventy-five per cent. of the cases. 12. Jaundice, associated with cerebral disturbance, indicates either acute thoracic inflammatory obstruction to the circulation, or specific febrile disease; or, in very rare cases, acute yellow atrophy of the liver. 13. Jaundice is not a characteristic symptom of hepatic abscess, waxy degeneration, fatty infiltration, or hydatid tumor of the liver, though it may occur in any of these diseases.

Consider now the diagnostic relations of some other prominent symptoms of hepatic disease:—

1. Enlargement.—This is marked, and symmetrical, in amyloid degeneration, and sometimes in passive congestion; marked, but symmetrical in cancer, hydatid tumor, and in ninety per cent. of the cases of abscess; symmetrical, but not marked, in congestion (ordinarily), acute biliary obstruction, fatty, and pigmentary infiltration, and hypertrophic sclerosis. 2. Enlargement and Jaundice.—These conditions co-exist in cancer, obstruction of the bile ducts, passive congestion and pigmentary infiltration. Jaundice is marked in fifty per cent. of the cases of cancer, and in all cases of biliary obstruction; but in passive congestion and pigmentary infiltration, it is usually slight 3. Enlargement, Jaundice, and Ascites.—The conditions co-exist in cancer. 4. Shrinking and Jaundice.—Occur in acute yellow atrophy. 5. Shrinking and Ascites.—Occur in sclerosis. 6. Fever.—In acute yellow atrophy, the temperaturte of the body is 100°, or over; and in hepatic abscess there is usually an obscurely periodical fever, of variable intensity, associated with much sweating. 7. Emaciation.—It is rapid in cancer, and usually in abscess; and slow in cirrhosis. 8. Hemmorhagic Tendency.—It is very marked in acute yellow atrophy. It often exists in cases of chronic jaundice and anæmia depending on cirrhosis, cancer, and pigmentary infiltration. 9. Cerebral Symtoms.—They are striking in acute yellow atrophy, and in advanced pigmentary infiltration.

Finally, let us consider the diagnostic features of the important diseases of the liver and biliary passages:—

1. Catarrhal Jaundice.—Begins with symptoms of gastro-duodenal catarrh; the jaundice lasts two or three weeks, and is associated with some enlargement of the liver and local discomfort; the stools are clay-colored, and sometimes the gall-bladder is noticeably distended. 2. Obstructions, Cystic Duct.—Here there is a pyriform tumor, but there is neither jaundice nor clayey stools. 3. Obstruction, Hepatic Duct.—No tumor of the gall bladder; decided jaundice, and depending on the seat of obstruction, the stools may be clayey, or of normal coloration. 4. Biliary Colic.—Usually comes on two or three hours after a meal, or immediately after vigorous exercise; calculi appear in the stools; jaundice occurs within a day or two. There is no evidence of intestinal derangement (colic); no stercoral vomiting (intestinal obstruction); no pyuria or hæmaturia (renal colic). 5. Passive Congestion.—There is either disease of the heart, or obstructive disease of the lungs; the liver is large, sometimes very large, firm and tender; sometimes there is bilious vomiting and purging, and also slight jaundice. 6. Sclerosis or Cirrhosis.—Nearly always a history of intemperance, constitutional syphilis, or chronic biliary obstruction ("biliary cirrhosis") precedes it; onset insidious; course, three months to six years The liver is small; dyspeptic symptoms are associated with ascites, and prominence of the epigastric veins. 7. Amyloid or Waxy Degeneration.—There is a history of profuse suppuration, or of syphilis or tuberculosis without suppuration. Liver is large, smooth, and hard; spleen also; there is albuminuria; late, the gastro-intestinal canal becomes irritable; general health impaired; course of the disease is slow. 8. Fatty Infiltration.—Liver is large, smooth, soft, and its edges are rounded. Dyspeptic symptoms usual; also symptoms of heart failure. Without the latter, diagnosis cannot be made. 9. Pigment Infiltration.—Always associated with a history of chronic malarial infection. At first the liver is enlarged, but later it shrinks. Symptoms of gastro-intestinal catarrh

occur, and they are associated with bronzing or pigmentation of the skin, a hæmorrhagic tendency, headache, tinnitus, vertigo, delirium, and involuntary discharges. 10. Cancer. — The cancer is secondary in fifty per cent. of the cases, to cancer of the stomach, rectum, etc. Sometimes there is a history of heredity. Cachexia occurs; rapid emaciation and impairment of health; anæmia and a hæmorrhagic tendency; jaundice in fifty per cent. of the cases; ascites in seventy-five per cent. of the cases; the liver enlarges rapidly, but irregularly; there is lancinating pain. 11. Hydatid Disease.—Results, usually, from close association with infected dogs. The health is undisturbed, unless pressure effects of the tumor derange it. The liver is the seat of a great, irregular, painless tumor, which *may* exhibit "hydatid fremitus" when percussed. In case of doubt, aspirate. The fluid is non-albuminous, and it contains "scolices."

THE DIETARY IN INDIGESTION.

BY J. MILNER FOTHERGILL, M.D., EDIN.

When I hear medical men denouncing a regulated dietary in indigestion, my surprise is excited. Is it a malady to be combated by drugs only? I do not think anyone will support that proposition. Medicinal agents are not without their value; but the medicinal treatment of indigestion is surely but ancillary to the dietetic management. That a regulated dietary is too often a restricted dietary —so restricted indeed that the patient is practically half-starved—may be admitted. But need a regulated dietary necessarily be a very restricted one? I opine not; if the matter of the dietary of the dyspeptic be given a little more attention.

And for this it is well to keep the physiology of indigestion in mind. Digestion is solution by hydration so that the carbo-hydrates and albuminoids may pass through the wall of the alimentary canal; after which they are de-hydrated—else they would pass out by the kidney, giving glycosuria and peptonuria and leaving the body unfed. But a preliminary to solution is disintegration. If mastication be not properly performed the "lumps" of food find their way into the stomach and offend it.

Pastry, pieces of hard potato, cheese, are notorious offenders. The solvent action of the gastric juice can exercise no disintegrating effect upon the substances, while they act as irritants and set up pain. A piece of meat comparatively unchewed is less objectionable because the gastric juice acting upon the connective tissue allows the muscular fibrillæ to fall asunder. But even with muscular fibre there is a wide difference. Pork and veal are hard meats, and not readily falling to pieces in the stomach under the action of the gastric juice are held, and rightly too, to be indigestible. On the other hand a thin slice of well boiled ham, cut across the fibre is very digestible. So is the loose fibre of a sheep's head. This is the mechanical aspect of the digestibility of food. Hard stringy meat is very indigestible. So are ill-cooked vegetables, and especially the cruciferæ, so are hard boiled eggs.

Fish, and especially white fish, whose fibres very readily fall to pieces, are in repute with dyspeptics for obvious reasons. Fish which are fatty, are indigestible (because the fat resists the action of the gastric juice) as the flesh of the salmon, the mackerel and the herring. The short fibre of the whiting, "the chicken of the sea," makes this fish especially digestible. Then come the flat-fishes, the haddock and the cod. They all are best boiled, for if fried, care is requisite that the flesh be not soaked in fat—when it is highly indigestible. There are few more indigestible matters than a fried sole which has not been skillfully cooked. And the same holds good of birds. Chicken and game are digestible, while the duck and goose, greasy-fibred meats are as certainly indigestible.

Potatoes have an evil reputation, but that again is largely a matter of cooking. A potato which is imperfectly cooked has a hard centre. A "stone" an Irishman calls it—and if palpable pieces of such hard indigestible matter be swallowed gastric distress is the intelligible result. But if the potato be well cooked and put through a sieve it ceases to be indigestible from "the mechanical point of view." It is the question of disintegration which militates against vegetables, and uncooked fruit. Pieces of hard apples are notoriously indigestible; while a baked apple will sit lightly on the most irritable stomach. The flesh of the grape is in great repute in all conditions of gastric irritability and debility whether primary or secondary to some general sickness.

Fat is an offence to a susceptible stomach, even as liquid fat floating about in it; but still more as lumps of fat upon which the stomach can exercise no solvent influence. Hence many persons, children and adults, reject sweet pieces of fat, and (after the meal) take some fishy oil. As the digestion of fat does not commence till the food has left the stomach, it is not well to give fat till its "time draws nigh." Thin stale bread with butter rubbed well in and doubled is much more digestible than the same bread cut thick with a stout layer of butter plastered over it.

Pastry, when fat and flour are well rubbed together, form a most indigestible compound resisting all disintegration except mastication. Suet puddings and dumplings also are indigestible.

On the other hand milk puddings, especially if made without an egg, are in repute, and not without reason for dyspeptics. They are light and sit easily on the stomach, the farinaceous matter being readily disintegrated, and what escapes disin-

tegration is soft and does not give offence to the stomach.

There is another matter not of occult but of microscopic disintegration, or actual solution which has yet to be discussed—a matter of vital importance. As savage man sat grinding the cereals which form so large a factor in human food, the action of the jaws produced a free flow of saliva, and as fast as the finer particles were broken off the seed, by the crunching of the teeth, diastase of the saliva converted the insoluble starch into the soluble dextrine and grape sugar. The toil of the miller produces disintegration and relieves the jaws of much of the labor. But disintegration is only the precursor of solution. The starch granule remains. By heat the cook cracks the starch granule so that the solvent diastase can readily act upon it. So far, so good; but heat does something more. It has an actual solvent action and heat will, if sufficient, cause conversion of starch into dextrine. A thoroughly well baken flour if subjected to the iodine test under a microscope will readily show this.

When a large quantity of raw unconverted starch enters the stomach it is a burden to that viscus. The gastric juice has no effect upon starch and the starch granules merely embarrass the action of the stomach until they find their way out of it by the pyloric ring—and sometimes by the way they entered, viz., the gullet. Undigested starch hampers the stomach and makes the labor of that viscus a painful toil to it. New bread is a gross mechanical irritant, resisting disintegration. The impediment caused by isolated but numerous starch-granules is another matter. Biscuits and crackers if insufficiently masticated cause indigestion. So do cakes which have not long been exposed to heat. The cakes which are held in such favor at the breakfast table in American households, have been regarded as indigestible and a glance at an American cooking book explains why. These cakes are exposed to heat for from thirty to forty minutes only. [The language of England sometimes requires translation. For cakes read rolls, and for biscuit read cracker.—ED.] A good biscuit or loaf is much longer in the oven. Potatoes are indigestible as ordinarily eaten, because they are not long exposed to heat. But if well mashed potatoes be put into the oven to brown, or be placed before the fire for that purpose, the longer exposure to heat tells upon the starch-conversion.

Hominy that is well boiled or subjected to the final heating process of cooking is decidedly digestible. Cereals that have been steam cooked are in repute with dyspeptics either for adding to meat teas, or for preparing milk puddings. Some cooks who have to cater for dyspeptics boil all their rice, sago, and tapioca thoroughly before making these up with milk for a milk pudding. In Germany, pearl-barley, thoroughly well boiled and passed through a sieve is in request as an addition to meat teas for invalids. The porridge of Scotland being made with coarse oatmeal is boiled a long time, while in England a short boil is enough with the fine ground oatmeal in vogue there.

The advantage of the numerous prepared foods —whether babies' food or invalids' foods—which are all more or less compounds of starch which has been to a certain extent predigested either by baking or the malting process, lies in their ready digestibility. A touch of saliva is enough to complete the conversion of such carbo-hydrates and the soluble matters pass out of the alimentary canal, and the stomach is not burdened with a weight of undigested starch impeding its work.

Gross and fine disintegration of food are cardinal matters in the dietary of dyspeptics.

Mastication must be perfect else gross particles embarrass the stomach. Starch granules which have escaped the saliva interfere with the solvent action of the gastric juice on albuminoids. The dietary of dyspeptics must be conducted on the above lines; and if the dyspeptic were properly informed he could find a sufficient variety of food; but if he be told to diet himself upon a number of articles of food he soon begins to loathe them and often goes without food sooner than partake of them.

Of course there are dyspeptics and dyspeptics! Some only require to give a sufficiency of time to the process of mastication to be free from suffering. Others must eschew pastry, veal and pork. Others again have to abandon solid meat and vegetables and adhere to meat broths, with cooked starch, malt-extracts, malted preparations, milk puddings and fish. When the stomach has been outraged or offended care is requisite for its restoration. When there is present a condition of general exhaustion food will disagree which ordinarily can be taken with impunity. When a condition of acute indigestion is set up a very careful dietary for a few days is directly curative.

Ready disintegration and solubility of food constitute the base line of the dietetic treatment of indigestion.

PESSARIES: INDICATIONS FOR, AND METHODS FOR THEIR TREATMENT.

In a clinical lecture by Dr. H. K. Leake published in the *Texas Courier-Record of Medicine* he remarks as follows upon the subject of pessaries. My method of placing pessaries, is, so far as I can learn, different from that of all others who use them. The Sims' speculum dilates the vaginal canal and reveals to the critical eye of the surgeon its whole extent, thus enabling him to perform operations within its cavity with as much ease as those he undertakes on the exposed

parts of the body. Why not utilize the same means for the perfect fitting and introduction of pessaries? For illustration, take a case of retroversion. The patient lies in Sims' position with the perineum well retracted by the speculum in the hands of a qualified assistant. The spirit lamp used in modeling your instrument burns brightly on a table at your left hand. You now introduce well into the cavity of the uterus, the Elliot or Emmett's repositor, and reversing the action of the instrument, you have the satisfaction of witnessing the organ revolve, right under your eyes, into its normal position. The repositor being now withdrawn it is replaced by the sound, the handle of which is given to the assistant, who holds the uterus in its new position, until a pessary can be fitted to the conformation of the vagina and cervix. Experience will enable you almost at a glance to determine the size and shape of the pessary required. Having heated the hard rubber over the spirit flame, its curves are unbent or increased, its fenestra widened or narrowed, or any other form given the instrument, which is desirable, before leaving it permanently in position. Resuming control of the sound, its handle is passed through the fenestra of the pessary and the latter strung along the continuity until the cervix is reached, when by tilting up the lower end, or depressing the upper bar, the latter glides readily in position up behind the cervix; after which the sound is withdrawn and the speculum removed. The patient is now made to stand erect and is subjected to a final examination. The index finger, well lubricated, being introduced into the vagina and carried up to the vault, is swept around the cervix noting the position of the pessary and effect, if any, produced upon the affected organs. This plan of fitting and introducing pessaries seems to be the most rational of any yet recommended. Indeed, I do not see how it is possible in any other way to conform the outlines of the instrument to the anatomy of the vaginal walls and cervix, and thus meet the exact requirements of each case The same position is to be recommended also in re-examining and re-fitting pessaries, the precaution being to inspect them before removal.

All patients who have had pessaries introduced for backward displacement should be instructed in the knee-breast position advised by Dr. Campbell. They should assume this for at least five minutes night and morning. By this rational procedure the strain upon the pessary is lessened somewhat, thereby assisting its traction-lever power. Moreover, the blood, which has yet a tendency to stagnation in the weakened and dilated vessels of the displaced uterus, as well as other organs contiguous thereto, flows out and seeks remote areas in the head and trunk of the body, which is placed by this manœuver on a lower level. Thus the weight of these organs is diminished, a better circulation favored in them, and much comfort, if even for a short time, afforded the patient. A special injunction should, for obvious, reasons, be given regarding the rectum and bladder, which should be kept as empty as is consistent with health; and all straining and lifting interdicted. Corsets should not be worn, and the under garments must be suspended from the shoulders. Vaginal injections of hot carbolized water should be directed once daily at least, and in using them a large amount of water employed; but care will be necessary in taking them lest the pessary be floated from its position by the force or largeness of the stream. The syphon syringe is, except in special cases, to be preferred. Iron tonics should be regularly administered; those containing strychnia being the best—its special action is assumed, being exerted upon the muscular tissue of the uterus as well as that of the ligaments.

The following conclusions seem warranted from the foregoing discusion of this subject:

First. That while there exists great difference of views as to the expediency of using pessaries, the practical gynæcologist also is influenced in his opinions by his own individual experience, and will not servilely bow to the authority of those, who perhaps, rejected such aids on insufficient grounds.

Second. That the classical pressure symptoms, including weight in the pelvis, sacralgia, bladder and rectal irritation, difficulty and pain on locomation dragging pains in hips and lower abdomen, etc., combined or uncombined with systematic effects, are relieved by a skilful ajustment of pessaries, and must be continued to be held as an indication for their employment.

Third. That in all cases of anæmia, neurasthenia, hysteria, presenting themselves, the cause may be located in some displacement of the pelvic organs, and this point should be determined by immediate examination.

Fourth. That due regard must be had to the natural mobility and normal position of the uterus in the placing of pessaries.

Fifth. That, contrary to the general view, retroflection can be redressed and maintained in position by a skilful ajustment of the traction lever pessary

Sixth. That pessaries should be fitted and placed with the patient in Sim's position, this being the most favorable for such procedure.

Seventh. That, while the evidence thus far has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least, acknowledge their powerful aid as palliatives, and we are justified in believing that the future statistician will demonstrate their greater efficacy in tables showing permanent results.

Belladonna is said to relieve the unpleasant nasopharyngeal symptoms of potassium iodide.

SOME MODERN REMEDIES IN HEART DISEASE.

BY EARNEST SANSOM, M.D.

From an article in the *Lancet* we take the following:—

1. *Digitalis.*—It is a matter of experience with others as well as with myself, that digitalis may not be given in mitral stenosis with the same advantage as in mitral regurgitation. It may often do good if given for periods of a week, with intervals of at least equal length, but it should always be used with caution. In many cases, instead of promoting regularity of the heart's action, it notably increases irregularity. On this point I entirely concur with Dr. Broadbent. The search, therefore, for a more satisfactory therapeutic agent in such cases is very desirable. We will proceed to examine the evidence in the cases treated by—

2. *Convallaria Majalis.*—In cases of mitral stenosis convallaria exercised a pronounced diuretic effect. In all cases the quantity of urine was augmented during its administration. In most of the cases there was no oliguria at the end of the treatment, but the evidence here as well as that in the cases of mitral regurgitation renders it probable that the drug may after the maintenance of a maximum blood-pressure in the renal arterioles, so constrict these as to impede the blood-supply. It will be well, therefore, with convallaria, as with digitalis, to suspend the administration at intervals. It is a fair conclusion that convallaria is an important diuretic in cases of mitral stenosis, comparable in its effects with caffeine in mitral regurgitation, and that its effects in this direction are more pronounced in the obstructive than in the regurgitant lesion. We will now consider the cases of mitral stenosis in reference to the

Effects of convallaria on the pulse and respiration.—In one case the pulse-rate progressively fell under ten-grain doses of the convallaria extract, from 112 to 80, 76 to 72, and after suspension of the drug rose to 92, to again fall under digitalis to 70. In another case the pulse-rate which under ten-minim doses of tincture of digitalis had increased from 99 to 110, decreased under convallaria to 102 and 64, rising after the suspension of the drug to 72 and 120. The sphygmographic evidence is more valuable and more conclusive from the mere observation of the rate of the pulse.

The breathing was improved under the drug in nearly all the cases; in one case there was severe dyspnœa, which lasted during a fort-night (in this case bronchitis and emphysema existed in marked degree), but afterwards there was gradual improvement, and the patient left the hospital free from all distressing symptoms. It was evident that in these cases the drug acted very favorably. Only one case died in hospital; in this pericarditis and severe pulmonary complications were manifested; the patient improving during the time that convallaria was administered, and the temperature was reduced from 101° to normal, but after the omission of the convallaria the temperature rose to 103°; the patient died suddenly after having for a time considerably improved.

So far as I have been able to judge, convallaria compares favorably with caffeine in the treatment of mitral stenosis. In one case a girl, aged seventeen, in whom there existed tricuspid regurgitation, in addition to mitral stenosis and regurgitation, the quantity of urine rose from a maximum of 30 oz. to 54 oz.; but in regard to the pulse and respiration there was no perceptible influence. In another case of stenosis with œdema, the daily urine rose only from 36 oz. to 40 oz., and here also the pulse and respiration were not perceptibly influenced; the patient died. I was not encouraged to repeat the treatment by caffeine in the cases of mitral stenosis whilst I obtained such good results with convallaria; but in cases of this affection manifesting œdema or ascites, where a diuretic effect could not readily be obtained by convallaria, I should administer caffeine in addition.

My general conclusions are that caffeine is an agent of great value in the treatment of cases of mitral regurgitation, especially those in which there is much dropsy; and that convallaria, though manifesting no very favorable influence in cases of mitral regurgitation, except as an occasional substitute for digitalis, is of considrable therapeutic importance in mitral stenosis.

THE HYGIENE OF THE NEWLY BORN.—The following instructions to mothers and nurses, prepared by a commission composed of Moutard Martin, Bergeron, Parrot, Blachez and Dujardin Beaumetz, have been issued by the head of the Department of Public Charities, Paris:—

1. Till the appearance of the first teeth, i.e., between the sixth and seventh months, the only food of the infant should be milk, that of the mother preferably, if she be in good condition, otherwise that of a wet nurse. It is very dangerous to give an infant solid food of any kind during the first months of its life.

2. The child should be offered the breast about once in two hours, and less often in the night.

3. In the event of inability to provide woman's milk, the milk of the cow or goat may be substituted. This milk should be given warm, diluted with one-fourth part water, and slightly sweetened. At the beginning of the fifth month the milk may be taken pure. All other liquids employed to dilute the milk (thin gruel, bread-water, barley-water) are injurious.

4. In feeding the infant, glass nursing bottles

should be employed. These, especially the tubing and the mouth piece, should be thoroughly cleansed every time they are used. Never allow the nurse to resort to those "sugar teats" with which some mothers seek to appease the cries of the infant, and which are sure to produce canker, and disorder the digestion.

5. It is not till the sixth or seventh month that one should begin to allow farinaceous substances with milk, such as bread, baked flower, rice, arrow root, mealy potatoes; these supplementary foods should always form a considerable part of the infant's dietary towards the end of the first year, to accustom the child to weaning. Weaning ought not to be thought of till the first twelve or sixteen teeth have pierced the gums, while the infant is in a good state of health, and during the lull which follows an eruption of teeth.

6. Every morning the "toilet" of the little one should be made before suckling or feeding; this toilet consists: (1) in washing the child's body, and especially the genitals, which ought always to be kept clean; (2) in scrubbing the head, on which it will not do to let scruff or dandruff accumulate; (3) in changing (at least every second day) the child's underclothing; (4) in giving a warm bath in which the infant should be held five or six minutes. The belly band ought to be kept on during the first month.

7. Swaddling clothes, which cause compression of the body, should be interdicted. The more freedom the young child has in its movements, the more robust it becomes, and the better its development. All swathing which encumbers the neck and head should also be discarded

8. The infant should be protected against the injurious effects of excess of cold and heat, whether out doors or in the house; within doors, the air should be renewed several times a day.

9. It is not safe to carry the babe into the open air before the fifteenth day, unless the temperature is very mild.

10. The child ought not to be allowed to sleep in the same bed with its mother or nurse.

11. The bed of the infant should be composed of oaten straw, soft thatch, or husks; the cradle should have curtains during the first months of infancy, and especially during the cold season, to avoid currents of air, but these curtains should never be completely closed. The babe ought not to be rocked.

12. There should not be undue haste in teaching the infant to walk; it should be allowed to creep on the floor and help itself up; walking carts and baskets should be discountenanced.

13. The least indisposition on the part of the infant (colic, diarrhœa, vomiting, cough) should be at once attended to.

14. As pregnancy has the effect to render the milk less nutritious, in case of pregnancy, every nursing woman should cease to suckle her infant.

15. It is a good plan to vaccinate infants during the first three months after birth, or during the first few weeks, if an epidemic of small-pox is prevailing.

PRECAUTIONS FOR THE PREVENTION OF PUERPERAL FEVER. — Dr. Macan, in *Braithwaite's Retrospect*: In considering the precautions necessary, the fact is emphasized that we should keep quite separate in our minds the two great classes of infection—auto-infection, where the poison is generated within the woman, and hetero-infection, where the poison is introduced from without.

The latter class being by far the more numerous and dangerous, and almost always due to inoculation with septic matter introduced by the hands of the attendants or by instruments used in operations. Every hand and instrument likely to come in contact with a woman's genitals during pregnancy, labor and the puerperal state should be thoroughly disinfected. The bed linen and all napkins used about the patient should be kept perfectly clean. As soon as the child is born the woman is to be placed slightly on the back to prevent entrance of air into the vagina or uterus, and unnecessary handling of the parts after delivery should be avoided. Before stitching a ruptured perineum or performing any operation, the vagina is injected with carbolic acid solution (1 in 40), and if it is necessary to introduce the hand, the uterus also is washed out. Vaginal and uterine tubes are best made of glass, and kept in carbolic acid solution.

Carbolic solution evaporated in the room day and night renders the air innocuous as possible.

In auto-infection, where the poison is generated within the woman, labor is complicated with a dead fœtus, perhaps a fibrous or cancerous tumor of the uterus, a post-partum hemorrhage with badly contracted uterus, followed by formation of clots, or the retention of portions of the placenta or membranes.

The uterus being badly contracted if air enters the vagina, decomposition of the uterine contents result. If the fœtid discharge finds a free escape no bad result is likely to follow, but if the drainage is not perfect the discharge becomes more fœtid, is absorbed by the system and auto-genetic puerperal fever results. The prophylaxis of auto-infection consists in preventing the air from entering the vagina or uterus, and in quickly removing any fœtid accumulation that may have taken place in the uterus, disinfecting its cavity and providing free drainage. This is best done by having the woman lie somewhat on the back after delivery, and the proper application of the binder as preventing a negative pressure in the abdomen. This position is also valuable to prevent accumulations in utero, as the intra-abdominal

pressure is then greater and gravity acts more thoroughly.

A distended bladder or anything preventing uterine contraction should be looked to If the uterus contracts badly ergot should be given, and if the discharge becomes fœtid, hot antiseptic vaginal injections are indicated, which remove the discharge and cause contraction. If discharge remains fœtid and the temperature runs high for 24 or 36 hours, intra-uterine injections should be made, and an iodoform pessary introduced.

In all cases where the child is dead and there is any odor, the uterus should be washed out with corrosive sublimate solution, and the iodoform pessary introduced. Iodoform has been used with the greatest success in the Rotunda Hospital. Apart from the antiseptic properties it also lessens the high temperature of puerperal fever.

OIL OF SANTAL IN URINARY AFFECTIONS. — Dr. A. P. Gipoulou writes, in the *Journal de Medecine de Paris*, concerning the good results obtained by him from the use of the oil of yellow sandal wood in the treatment of the various affections of the urinary organs. The results of his experiments may be tabulated as follows: 1. In chronic and obstinate gonorrhœa no especially remarkable effects were produced. 2. In acute gonorrhœa accompanied by severe vesical tenesmus, frequent and painful micturition, etc., the acute symptoms were speedily relieved, though the discharge diminished only gradually in quantity. 3. In a case of suppurative nephritis of the left kidney, in which there was frequent micturition, and the urine was loaded with pus, an improvement was noted within twenty-four hours, and at the end of a fortnight the pus had entirely disappeared from the urine. 4. A railway employé was suffering from acute cystitis, accompanied by tenesmus and bloody urine, which had resisted the action of ordinary remedies for over a month; he was relieved permanently in a few days by the use of yellow sandal-wood oil. 5. In a number of cases of vesical catarrh equally rapid and permanent results were obtained. 6. In three cases of simple acute unilateral nephritis speedy relief was afforded by the same remedy. 7. In two cases of nephritic colic excellent results followed the administration of santal oil; the attacks were promptly cut short, and an apparent cure was the result. 8. Finally, Dr. Giloupou relates a case of acute Bright's disease following scarlet fever, in which there was general anasarca and the urine was heavily loaded with albumin. During a treatment for four or five days with diuretics the œdema increased, but within two days after giving santal oil the improvement was marked, and at the end of a week the anasarca had disappeared and no more albumin could be found in the urine.

UTERINE HEMORRHAGE, NEW METHOD OF TREATMENT OF.—Dr. Richardson in the *Praktische Artz*, thus speaks of a new method of treating uterine hemorrhage, which consists in introducing into the external os a crystal of alum of the size of a hazel nut and pressing it back nearly to the internal os. The uterus quickly contracts forming a hard coagulum and arresting the hemorrhage. He also notes that the alum beside its hemostatic power possesses also an antiseptic action, and that he has extracted clots of blood which had remained undecomposed in the cavity of the uterus for four or five days. He recommends removing carefully the placenta and blood clots before introducing the alum. Dr. Richardson has employed this method of treatment for twenty years with uniform success, and regards it as preferable to the means most commonly used, tamponing, injections, uterine friction, application of the electric current, injections of hot or cold water, cold douches to the abdomen, compression of the aorta, and injection of the perchloride of iron. Many of these require special instruments which are not always at hand; others require to be carried out at a great loss of time. Again the injection of styptics is not always free from danger, and the same objections lie against the application of cold. None of these objections apply to the use of the crystals of alum, or perhaps better still the crystals of the double sulphate of aluminum and ammonium. A fragment of crystal may be wrapped in a piece of gauze and introduced into the uterus, leaving an end of the gauze outside of the uterus for convenience in withdrawing the alum when desired. The contraction of the uterus is immediately obtained. This should be allowed to remain for two days without disturbance, at the end of which time an injection of warm water may be thrown into the vagina to wash away the clots of blood. The same treatment may also be employed for hemorrhages arising from other causes. Dr. Richardson having used it with success in two cases of cancer of the uterus with profuse hemorrhage.

TREATMENT OF PUERPERAL SEPTICŒMIA THROUGH THE BLOOD.—In a thesis, published in the *Medical Press and Circular*, by Dr. C. R. Illingworth, the following extract concerning puerperal septicæmia appears:—Here we have a disease in which every effort of nature against the absorption of infective material should be fostered and encouraged The clots in the maternal sinuses after the separation of the placenta may be regarded as the evidence of this effort, and the preservation of their integrity until they become organized and contracted should be of paramount importance. Hence the advisability of avoiding agents which tend to soften and absorb fibrinous deposits and formations of this nature. Should infection by septic materials from the exterior have taken place, the efforts of

the physician should be directed to strengthen the blood, and thus preserve the fortifications raised by natural means against further infection. This can only be effected by hæmatinic and astringent remedies, such as the perchloride of iron and dilute hydrochloric acid, with the assistance of quinine, chlorate of potash, etc., for the destruction of such germs as have found entrance to the circulation through the lymphatics. To give liquefacient remedies ruch as ammonia, sodic salicylate, and potassic iodide is simply to break down the natural barrier described, and to further the absorption of septic materials by a diffused and weakened circulation — weakened by reason of its deficient fibrin-forming power and diffused to its own detriment through the midst of the infecting sources, on account of its greater fluidity. Infection of the blood, indeed, is thus doubly ensured, by medicinal liquefaction and septic softening of clots; for wherever there is the development of sulphuretted hydrogen by the decomposition of animal matter, no fibrin can exist.

Besides cleansing the uterus and vagina with injections of Condy's fluid and carbolic oil, applying antiseptic unguents to any torn portions of the mucous membrane of the passages, and ordering a thorough washing of the external genitals two or three times a day, I prescribe as follows: —Recipe: Liquoris ferri per-chloridi ℥ j., quiniæ disulphatis ℈ j., glycerini ʒ ss,—ʒ vj., aquam ad ʒ vj. Misce et solve. Fiat mistura. Signetur: Capiat ægra semiunciam secundis horis.

BEEF TEA.—Dr. J. Milner Fothergill in a brief article in the *British Medical Journal*, September 5, expresses his opinion of beef tea as follows: Fashion prescribes the food of the sickroom to a large extent. Veal-broth had given way to calf's foot jelly when my professional experience first began. Then a patient who had not had calf's foot jelly had been neglected—was the verdict of the public. Now the calf can scamper about in safety; its feet are not in demand. Now it is beef tea which holds the place of honor in the sickroom The afflicted relatives of a dying man will declare with a distinct consciousness of having discharged their duty in a creditable manner, the quantity of beef, of the very best quality, which has been used to make tea for the sick man—"the very strength of the meat," they will add. Their intentions are excellent, but how about their practice? Are they or are they not talking nonsense? What food value does this vaunted beef tea possess? Answer me that, any of you who can; I will gladly be taught. As a stimulant, as a pleasant vehicle for something else, beef tea is valuable; but its food value is so small that it can scarcely be classed as a food.

I do not desire to speak disrespectfully of beef tea, nor yet of the motives of those who carefully prepare it, believing it to be a mighty force. I only maintain that to feed—no, that is not the word—to give a patient beef tea as food, is to give him stone when he asks for bread. What that beef tea needs is grape sugar. How can this be added? In all our prepared foods, known generall as "baby foods," starch has been converted into the soluble dextrine or maltose; the one grape sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted more or less completely, into grape sugar. The saliva of a sick person is enfeebled—but on this matter we have only broad impressions, and more precise information is desirable—and so carbohydrates should be provided which do not require insalivation for their solution, being already soluble. Such carbohydrates are now to hand. . . . There are malt extracts containing not only soluble carbohydrates but also some soluble albuminoids and phosphatic salts, ground malt of like composition, also grape sugar itself. The latter is not too sweet to pall upon the palate when added to beef tea or other meat broth.

PRINCIPLES OF CEREBRAL SURGERY.—My creed, if I may use the term, is as follows:

I. The complexus of symptoms, called "compression of the brain," is due not so much to displacing pressure exerted on the brain substance as it is to some form or degree of intracranial inflammation.

II. The conversion of a closed (simple) fracture of the cranium into an open (compound) fracture by incision of the scalp is, with the improved methods of treating wounds, attended with very little increased risk to life.

III. The removal of portions of the cranium by the trephine or other cutting instrument is, if properly done, attended with but little more risk to life than amputation of a finger through the metacarpal bone.

IV. In the majority of cranial fractures the inner table is more extensively shattered and splintered than the outer table.

V. Perforation of the cranium is to be adopted as an exploratory measure almost as often as it is demanded for therapeutic reasons.

VI. Drainage is more essential in wounds of the brain than in wounds of other structures.

VII. Many regions of the cerebral hemispheres of man may be incised and excised with comparative impunity.

VIII. Accidental or operative injuries to the cerebral membranes, meningeal arteries or venous

sinuses should be treated as are similar lesions of similar structures in other localities.

IX. The results of the study of cerebral localization are more necessary to the conscientious surgeon than to the neurologist.

From the "Operative Surgery of the Brain," Dr. John B. Roberts.—*Am. Med. Digest.*

USEFUL FORMULÆ.—The following formulæ have been used by me for the past three years with uniformly successful results. In the chlorosis of young girls, in all forms of simple anæmia, in amenorrhœa due to anæmia, and in the nervous debility and neuralgias dependent on an anæmic condition, I have never seen a drug, or combination of drugs or chemicals, equal to those given below for rapidly increasing the number of red blood-globules, and bringing the roses to the cheeks of the pale and chlorotic :

R.	Strychniæ sulphatis	gr. j.
	Sodæ arseniat.	grs. v.
	Hydrarg. bichloridi	grs. viij.
	Potassæ carb.	
	Ferri sulph. āā	ʒ ij.

Fiat pil. No. cxx.

One pill for a dose three or four times a day after food.

Where a patient has an aversion for pills, as many have, particularly in such a quantity and for such a length of time, I prescribe as a substitute the following mixture :

R.	Hydrarg. bichloridi	grs. iss.
	Sodæ arseniat.	grs. iij.
	Strychniæ sulph.	gr j.
	Vini ferri amara	fʒ xvj.

Take two small tablespoonfuls in water after each meal.

Of course, existing errors of digestion must first be corrected, in order that the remedies may be assimilated, after which I can vouch for their efficacy. It will be observed that the pill formula is a modification of the justly celebrated Blaud's pill, but the additional ingredients certainly greatly improve on it. The mixture formula is modified from one in use containing liquor potassii arsenitis, and tincture of nux vomica, but on account of the varying strength and unreliability of these two preparations, the sulphate of strychnia and arseniate of soda were substituted with advantage. The bichloride of mercury in both formulæ, aside from its recognized efficiency in the conditions indicated, is valuable in counteracting the constipation produced by prolonged use of iron—*Med. and Surg. Reporter.*

MEDICAL NOTES.—For *nervous vomiting*, with constipation, in a healthy girl, Prof. Bartholow directed one of the officinal pills of aloes and asafœtida, ter die.

Prof. Gross advises for the *night sweats* of hectic fever this pill :

R.	Zinci oxidi, ...	gr. ij.
	Extract hyoscami, . . .	gr. ss.

Ft. pil. j

Prof. Da Costa treated a case of *cerebral embolism*, causing right hemiplegia, with digitalis; to aid in restoring the collateral circulation, potassium iodide, quinine and laxatives. Result, perfect recovery.

Prof. Bartholow treated a case of *pleurisy* combined with *pneumonia* of low grade, with ammonium iodide gr. v. every eight hours, and ammonium carbonate gr. v. dissolved in spts. of mindererus ʒj, every eight hours, so taken that one remedy will be taken every four hours.

Prof. Da Costa directed for a case of *gastric vertigo*, with beginning cirrhosis of the liver, that the phosphate of sodium ʒj, be taken every morning ; and hydrarg. chlorid. corrosive. gr. $\frac{1}{10}$, ter die, to keep up the secretion and to act on the liver. Patient must live on a diet of meat, milk and vegetables ; no oleaginous food at all.—*Coll. Clin. Record.*

Ringworm.

Hydrarg. bichlor., ...		gr. ij.
Napthol, ...		gr. x.
Ung. zinci oxidi benz., . . .		ʒ j.
Ft. ungt.		M.—

Use externally twice a day.

Rheumatism.

Chloral hydrat., ...	ʒ j.
Acid salicylic, ...	ʒ jss.
Ung. stramonii, ...	ʒ j.

Apply to afflicted joints.

Eczema of the Scalp.

Bals. Peruv., ...	grs. viii.
Acid. boracic. pulv., ...	ʒ iss.
Vaseline, ...	ʒ i.
S.—Apply daily.	M.

ATROPINE SOLUTION IN NOCTURNAL EARACHE.—Some grown people and many children suffer greatly from constantly recurring earache at night. Children often cry all night from pain in one or both ears ; they cannot sleep and will not let others sleep. Mothers and nurses will know how often they are kept from sleeping by a child crying with earache. During the day the child may have no trouble, but as soon as night comes and the child retires ; the pain and the crying begin. Without going into particulars as to the character of the pain, I wish to refer here only to the treatment of such cases. In all such cases the very best remedy is a solution of atropine. For children, put one

grain in an ounce of water; for a grown person put 2 to 4 grains in the same quantity of water. Drop 3 to 6 minims into the painful ear and let it remain 10 to 20 minutes, or even let the patient go to sleep with the medicine in the ear. Repeat as may be needed. Sometimes a single application remedies the whole trouble, but at other times it has to be repeated occasionally. Rarely it is necessary to repeat the medicine the same night. I earnestly recommend this treatment in such cases. So far as I now know, it has never disappointed me. The above refers only to repeated attacks of nocturnal earache, and not to acute pain from furuncles in the external meatus or from abscess in the drum. In such cases, the atropine solution would practically have no effect.—*St. Louis Med. and Surg. Jour.*

TREATMENT OF NEURALGIA BY NEUBER'S METHOD.—Dr. Schapiro recently read a paper, at the Medical Society of St. Petersburg, upon the results of researches on treatment of neuralgia by Neuber's method of hypodermic injections of a solution of osmic acid. His observations include eight cases of trigeminal neuralgia (three males and five females). The age of the patients varied from thirty-eight to sixty. In every case the disease was of a very severe type and of long standing The result of the treatment was complete cure in five cases (three females and two males), great alleviation of the pain in two cases, and no success at all in one case (female). The number of injections made in each case was from one to twelve (twenty in one case), five to ten drops being injected every time. The duration of the treatment was from one to sixty days. Dr. Schapiro adopts a modification of Neuber's 1 per cent. aqueous osmic solution on account of the osmic acid soon undergoing decomposition in a watery solution. After a whole series of combinations, he concluded that an addition of glycerine to the watery solution prevents for a long time, osmic acid from undergoing any change. In not one of the cases treated by him was an injection followed by any ill effect. The patients are now under the author's observation (two to six months after the commencement of the treatment).—*Medical and Surgical Reporter.*

CONTRA-INDICATIONS TO MERCURY IN SYPHILIS.—At the recent meeting of the British Medical Association, A. Cooper, F.R.C.S., read a paper on syphilis (*New York Medical Record.*) After pointing out the great value of mercury in the treatment of the disease, and the necessity for prolonged courses of the drug, he draws attention to the contra-indications, which many physicians are apt to overlook or to neglect. Mercury should not be given to phthisical subjects, unless the chest affection is slight and the patients health is good in other respects. When albuminuria exists mercury must, of course, be withheld, unless there is reason to believe that the renal affection is due to syphilis. When syphilis exists in scrofulous subjects, if the symptoms of scrofula are not very severe, mercury may be given with care in small doses. Mercury is contra-indicated in profound anemia, when non-specific The least symptom of sloughing or phagedena should prevent any thought of administering mercury. If any of these complications set in during a course of the medicine, it should be at once discontinued. Alcohol and tobacco should be avoided or used sparingly during a course of mercury. Exercise and fresh air tend to prevent salivation, and the skin should be kept perfectly clean. Confinement to the house is desirable when any eruption appears.

THE THERMO-CAUTERY IN ENLARGEMENT OF THE THYROID BODY.—The method of Dr. Weiss consists in touching the skin over the tumor with a small Paquelin's cautery, held like a pen. Touches with this instrument are made in horizontal rows, the rows being about one centimetre apart, and the touches in each row being close together. If the cautery be at a white heat, the proceduce causes very little pain. Anæsthesia, general or local, is quite superflous, and so is all after-treatment, but a little cotton-wool may be laid upon the site to prevent friction by the clothes. A thin dry scab falls from each spot after about six days. After seven or eight days the procedure may be repeated, and so on for six, eight or a dozen times, according to the extent of the original enlargement. It is most valuable in the purely hypertrophic variety, but in the cystic also is of great advantage if the cysts be punctured with a Pravaz's syringe. In obstinate cases, the above method is rendered somewhat more severe by applying vaseline directly after the use of the cautery. The effect is to cause the premature separation of the small scabs, which is followed by a slight suppuration for a few days. The explanation of the good effects of Paquelin's cautery, so applied, is presumably this: Weiss believes that the irritation brought to bear on the nerve-endings in the skin causes constriction, more or less persistent, of the arterial muscular coats, which induces defective nutrition of the hypertrophic gland-substance and its gradual disappearance. —*Med. World.*

BROMIDE OF ARSENIC IN ACNE.—Dr. Henry G. Piffard, writing in *Journal of Cutaneous and Venereal Diseases*, says:

Conceiving, from purely theoretical considerations, that it might be useful in certain cases, I first tried it in the spring of 1878, in a case of pustular acne vulgaris of moderate severity, and gave it in doses of one milligramme (gr. $\frac{1}{65}$) three times a day. Within a week the patient, a young lady, returned, complaining that her face was

much worse. On examination, I found on each side of the face a crop of miliary pustules in addition to the acne. The arsenic was discontinued, and a placebo was prescribed. This was followed by improvement for a week, when arsenic was the resumed in much smaller doses, and in three or four weeks the case was substantially well. In a second case I had a similar experience, and in a third case I prescribed an alcoholic solution, containing one grain to the ounce, and directed that two drops should be taken night and morning. This patient I did not again see for nearly six months, when she informed me that the medicine had, in a few weeks, accomplished all that she desired. Since then I have used bromide of arsenic with much satisfaction in pustular acne, but have not used it in other varieties of this affection, nor in other cutaneous diseases.

TREATMENT OF GONORRHŒA WITH ANTISEPTIC INJECTIONS.—Dr. A. Bourgeois has recently published an important article on the treatment of gonorrhœa with antiseptic injections. Since the microbiologists have affirmed the existence of a gonococcous cause of gonorrhœa, the whole problem in the author's opinion, consists in finding an antiparasitic topic, sufficiently energetic, but innocuous to the mucous membrane. It is thus necessary to lay aside all very irritating substances; the three parasiticides which seem to him to unite all required conditions are permanganate of potash, bichloride of mercury, and sulphate of quinine. He employs the permanganate in solution (1 to 2,000), the bichloride (1 to 20,000), the sulphate of quinine (1 to 100). Four injections are to be made in twenty-four hours, one in the morning, one at noon, one at seven o'clock in the evening, and the other during the night; this last is in: dispensible, according to Dr. Bourgeois since, if the microbes be left to response during the entire night, they will have time to multiplv. The injection should be warm, as it thus penetrates more easily into the urethra; it should not occasion pain; if so, it should be diluted until it can be well tolerated. A glass syringe, well graduated, capacity of eight grams, should be used. The injection should be made to entirely fill the urethra, but not to forcibly distend it and produce pain and perhaps injury to the mucuous membrane. It is much better to use colored liquids, since one can thus better judge of the quantity introduced into the urethra. After having diluted the first injections, the patient will gradually get accustomed to the full strength recommended above. The patient should be directed to urinate one-quarter of an hour before, and as long as possible after the injection.

In order to insure the penetration of the medicated liquid to the desired depth, Dr. Bourgeois has devised another procedure, which consists in introducing within the urethra, to the depth of about eight centimetres, a cylindrical gum sound of medium calibre, open at its two extremities, without lateral eyes. This is first smeared with iodoform ointment, (1 to 20) and a glass syringe, holding eight grammes of the injection, is fitted to its free extremity, and the liquid is gently forced into the urethra, the instrument being at the same time gradually withdrawn, so that the liquid replaces the sound in the canal, where it is retained from ten to fifteen minutes. Two or three such operations should be made in the course of twenty-four hours. In addition, the author gives to his patients, during the entire course of the disease, one or two grams per day of bromide of potassium, with a view of preventing all generic excitement. He also treats the constitutional condition of his patients with appropriate medication.—*Jour. of Cut and Ven. Diseases.*

WHEN TO TIE THE UMBILICAL CORD.—Dr. Engel, in the *Centbl. f. Gynak.*, strongly recommends that the cord should not be tied till all pulsation in it has ceased, and in the course of his paper mentions the following facts as evidence of the importance to the child of the small quantity of blood saved to it:—"He contrasts the mortality of all the premature children born in the Klausenburg Hospital during the last eight years, during the first four of which it was the custom to ligature the cord immediately on the birth of the child, while during the latter four the plan of treatment he advises was practiced. During the first period there were 90 premature undersized and underweighted children born, of whom 17, or 18.88 per cent., died within ten days of birth, while during the latter period there were 74 such births, of whom 10, or 13-51 per cent., died within the same time. In cases where the mother became feverish, a wet nurse was had resourse to. "This striking difference of mortality can only—in the absence of any other visible cause—be attributed to late ligature of the cord."

IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE CODE OF ETHICS.—At a recent banquet Sir Spencer Wells told a story from his personal experience as a young man, which has in it a lesson for the older men of to-day. He had been called in the absence of Dr. Braithwaite, the family physician, to see a girl whom he found lying, insensible, on the bed. Not knowing what to do he gave some brandy-and-water. Dr. Braithwaite then arrived, and after examining the case ordered two teaspoonfuls more of the mixture, but as soon as he was alone with Wells, said: "It was very wrong to give her brandy-and-water. It is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had,"

he added, with a kind smile, "perhaps they would not believe either of us." There was something in this way of treating a junior—so much good feeling, mixed with so much knowledge of human nature—which so impressed the future Sir Spencer as to influence him in his consultations with his juniors.—*Medical Age.*

HENOCH ON THE TREATMENT OF PERTUSSIS.—The following, originally a clinical lecture on the subject, embodies the principal views of the Berlin authority.

Pertussis is an affection the treatment of which confers but little credit on those who have embraced the healing art The enormous number of remedies alone, recommended since the oldest times against this affection is proof enough of its incurability. We know no drug capable of aborting the affection or shortening its convulsive stage; while on the other hand, in its third phase, the so-called stadium decrementi, when the natural healing process has set in, every remedy is apparently successful. The numerous drugs which, following the recommendations of other physicians, have been tried, have been nearly all discarded. At present, Henoch relies solely on one remedy, viz., morphine, which is even superior to the vaunted belladonna medication, and is at least able to lessen the gravity and frequency of the paroxysms, especially the nocturnal ones, without, however, influencing the general course of the disease. Henoch usually prescribes the following:

℞ Morph. acet. s. mur, . . gr. $\frac{1}{6}$-$\frac{1}{2}$
Aq. dest., ... f℥i;
Syr. alth., ... f℥ss. M—
S.—A teaspoonful two to four times daily.

If excessive somnolence should set in, the drug is at once to be discontinued. In one instance a child, being treated by morphine, slept for eighteen consecutive hours without being interrupted by the paroxysmal coughs, which of course returned after the passing off of the narcosis. In another case, that of a six-months-old child, there was an actual intoxication proceeding with collapse, contraction of the pupils, and sopor, which, however, readily yielded to cold affusions and analeptic measures. It is therefore necessary to instruct the nurses and mothers in every instance of the nature of the prescribed medicine. Using the proper precautions, Henoch states that he has never experienced any accident with the morphine mixture, even if half a teaspoonful of it were given daily for several weeks. He consequently feels justified in preferring this drug to all other narcotics, especially to the dangerous atropine. Still, he regards the morphine only indicated in the graver cases, marked by at least twenty paroxysms within twenty-four hours. In milder cases, inhalations of carbolic acid recommend themselves, which on the ground of the alleged—but hitherto not yet demonstrated—parasitic nature of the affection, appear even theoretically indicated, and have recently acquired a certain reputation with many practitioners of renown, such as Thorner and Burchard. In Henoch's experience this medication has not furnished any constant results, its effects being sometimes remarkably favorable, sometimes doubtful, or again wholly negative. Injurious effects at least have never been witnessed from these inhalations. Their application can be executed in various ways. Henoch uses a one-half per cent. solution of carbolic acid by means of an atomizer, or if this procedure meets with difficulties, orders the air of the sick-room to be impregnated with the same evaporating solution, or a sponge saturated with it to be hung up at the child's bed, over its head, and have the sponge placed several times daily before the nose of the child for a period of several minutes. Other inhalations, such as those of chloroform, benzine, salicylate of sodium, oil of turpentine, tannic acid, and quinine, have all received fair trials, but have not given the expected satisfaction. The same holds true of the internal use of bromide of potassium, of hydrate of chloral, and of quinine. Following the instruction of Dr. Sauerhering, of Stettin (*vide Therapeutic Gazette*), the systematic exhibition of quinine in gradually increasing and then decreasing doses has also been tried, and again convinced Henoch that the morphine medication and the carbolic acid inhalations were the best treatment of whooping-cough.

Therefore the idea of aborting or lessening the duration of the affection will have to be abandoned, and the parents must be instructed that a mitigation of the attacks is all that can be expected from the treatment. Fresh air is a decided adjuvant to the prescriptions, though damp and rough weather and the existence of a pronounced bronchial catarrh contraindicate an out-door sojourn. If the child be attacked during the summer months, one will often be asked whether a trip to the sea-shore be advisable or not. Henoch says that he has often complied with the wishes of parents in this respect, but never saw any benefit from such a change of locality, and the only, though lamentable, result of the journey was often the infection of previously healthy children who came in contact with the sick child at the sea-shore or watering-place. Only exceptionally, as in his own child, he observed a characteristic pertussis disappear in fourteen days after the child had been sent to the Reichenhall Springs. Still, he believes with Trousseau in the existence of so-called abortive cases of whooping-cough, and that the affection in the case alluded to belonged to this category. Trousseau, by the way, has reported a case of genuine pertussis which aborted after a three days' duration.

THE TREATMENT OF STRANGULATED HERNIA BY IRRIGATIONS OF ETHER.—Dr. Bartosz writes, for the last two years he has been applying with brilliant success irrigations of ether for the reduction of all cases of strangulated henia which have come under his care. The irrigation is made after the method of Finkelstein (*Bull. Gén de Thèr.*, December 15, 1885), which consists in pouring on the tumor every half-hour a tablespoonful of ether, and allowing it slowly to evaporate. The hernia under such treatment disappears spontaneously, or may be readily reduced in obstinate cases by gentle taxis. In the seventeen cases in which the author states that this method served to reduce the hernia, strangulation had persisted in some only a few hours, while in others it is stated to have lasted already for several days, before the cases were subjected to treatment. The author further refers to a case of intestinal occlusion in a woman 60 years of age, in whom absolute constipation had existed for nine days, incessant fæcal vomiting and tympanites, thready pulse, etc, in whom, after a fruitless trial of all the known remedies, irrigation of ether on the entire abdominal surface in one and one-half hours caused a large evacuation of the bowels and the cure of the patient. This method of irrigation so employed by Bartosz may be replaced by driving the current of air from a bellows over the ether. Whatever, however, may be the means adopted, the ether acts by the refrigeration which its evaporation produces, and is therefore analogous to the application of ice, and is consequently simply an improvement of the method whose value has long been recognized. We should think however, that where the strangulation lasted for several days, as is stated by the author to have been the case in one of his instances of cure, even if the reduction of the strangulation should take place, there must be the greatest danger incurred in the return to the abdominal cavity of a knuckle of intestine which cannot but be gangrenous.

WINTER-TIRE.—It is a curious fact that the farther north we travel the hotter habitually are the interiors of the houses. At first thought it would seem natural that the temperature in which the person lives in the house should approach more closely that of the external air, but a little consideration shows the reasonableness of the habitual action of northern nations. The man who is exposed all day to a low temperature must produce an enormous amount of caloric in order to meet the demand and keep his body warm. At eventide he naturally seeks rest, not only for wearied mind and muscle, but also for the heat-producing function. It is not always remembered that energy is expended in maintaining bodily temperature, and that when an excessive amount of such energy is required, excessive exhaustion follows. The habitual excessive draught of the winter-time upon heat production is probably one of the reasons that in the early spring every one feels so relaxed and depressed. Of course, the general relaxation and lack of energy which has received the popular name of spring-fever, and which is supposed by many to be moral rather than physical, is due in part to the fact that the winter is, at least to many brain-workers and denizens of cities, the period of excessive toil. Nevertheless, it should be called winter-tire rather than spring-fever.

This relaxation of the system shows itself not only by the production of laziness, but also in manifestations of distinct disease. A good deal has been written in the course of the last decade concerning the fact that in children chorea is so much more frequent in the spring than at other times, but our own experience is that in this respect chorea does not stand alone among nervous diseases. Neurasthentic conditions, hysteria, and all the minor or functional nervous ills which are connected with lowered nerve tone have come under our notice as a regular spring crop, and we think most neurologists will find that the months of April and May are those of greatest professional activity.

A RESULT OF EXTENSION IN THE TREATMENT OF FRACTURE OF THE THIGH.—Dr. Fischer reports a case of fracture of the thigh in a child six years of age, which was treated by extension with weight and pulley. A cure was obtained in four weeks, but it was then found that the ligaments of the knee had been so stretched that the ends of the tibia and femur slid over each other with an audible sound, and hyper-extension occurred when an attempt was made to stand. The trouble was relieved by retention for a month in a silicate of soda splint. The cord passed over two pulleys and a weight of eleven pounds was used. Dr. Schmidt, in referring to this case, reports a similar instance of over-stretching of the knee in an old woman, with fracture of the femur just above the condyles. In both cases the trouble was due to the continuous traction maintained by plasters attached only to the leg and pulling through the knee-joint.—*Centralblatt fur Chirurgie.*

TREATMENT OF ACUTE CORYZA. — Dr. S. S. Cohen, in a recent communication to the *Philadelphia Med. Times*, recommends, as a specific against acute coryza the 1-120th of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipiency of the disease Afterwards to relieve the unpleasant symptoms of dryness he has given one-seventh of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains

repeated every two hours until tinnitus aurium is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act. —*Western Med. Reporter.*

THE HYGIENE OF PREGNANCY.—Let the patient eat but little in the latter months, though she may eat a little frequently during the day. A large meal causes much inconvenience, due to the already enlarged abdomen. A bandage properly applied around the abdomen is useful and comfortable. She should sleep eight hours; and take an occasional bath in tepid water. If leucorrhœa be present, let her use an injection of salt water, and bathe the external genitalia with tepid water. For the breasts, use oily matters, and no alcohol. In the morning the nipples may be painted with equal parts of tincture of arnica and water, but in the evening should be covered with cocoa-butter. High-heeled shoes should be dispensed with during pregnancy.—*Coll. and Clin. Record.*

DIET IN ALBUMINURIA.—After passing in review the principal theories which have been given regarding the pathogenesis of albuminuria, Nollet offers the following conclusions:

1. Milk diet has as yet given the best results in the treatment of albuminuria.
2. This method is not applicable to all forms, and if too prolonged may produce serious inconveniences for the patient.
3. The albuminuric should avoid large meals, eating frequently, but little at a time.
4. Individual susceptibility must determine the sorts of animal food least injurious to the patient.
5. Fish appears to favor the passage of albumen into the urine.—*Gaz. Méd. de Paris*, March 6, '86.

THE DIET IN DIABETES.—*Articles permitted:* Almonds, plain, in rusks and in biscuits, bread toasted or stale maccaroni, bacon, butter, cheese, eggs, fat and oils, beef-tea and soups, beef, mutton, fish, game, and poultry, cabbage, lettuce, pickles, and spinach, custards without sugar, cream, jellies unsweetened, nuts; coffee, cocoa, sherry. *Articles forbidden:* Peas, beans, lentils, potatoes, sweet potatoes, celery, carrots, beets, radishes, mustard, oysters, arrow-root, buckwheat, sago, tapioca, and puddings generally, apples, bananas, and fruits generally, including raisins; milk, sugar, chocolate, ale, sweet wines.—*Journal of Reconstructives.*

JEQUIRITY IN GRANULAR LIDS.—Dr. Peonnoff, having used jequirity in twenty cases of granular lids, varying among one another in character, has come to the conclusion that it is especially useful in a cicatricial condition of the granulations when this is complicated with corneal disease. In these cases, he says, jequirity cures much better and more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma with ingrowing eyelashes. The best method in all cases is to use a one or two-per-cent. of the powdered seeds of jequirity daily.—*London Lancet.*

THE TREATMENT OF BURNS.—Altschul ("*Monatsheft f. prakt. Dermat.*") reviews the treatment of burns, and gives the results of his own experience. Iodoform he regards as the application *par excellence* for burns of the second and third degrees; he prefers an iodoform-gelatin of the strength of ten per cent., or, better still, an iodoform paste, of which the following is the formula:

White bole, ...	½ drachm;
Olive-oil, ...	1 ounce;
Solution of subacetate of lead	6 drachms;
Iodoform, . . .	from 2 to 4 drachms.

PELVIC NEURALGIA.—In congestions or plethora of the pelvic organs, with accompanying neuralgia, in women, the following formula frequently gives decided relief:

℞	Pot. bromid., ...	
	Amm. bromid., *aa*	ʒ iss.
	Tinct. guaiac., ...	
	Tinct. colchici., rad., *aa* . . .	℥ ss.
	Syr. simp., ...	ʒ iij.

M. Sig.—Teaspoonful three times a day.

SCABES.—The following is Hebra's modification of Wilkinson's ointment:

℞	Flor. sulphur., ...	
	Ol. fagi., *aa*	ʒ iss.
	Creta alb., ...	ʒ i.
	Saponis viride, ...	
	Ungt. simpl., *aa*.	ʒ iij.

M. Rub thoroughly into the skin after a hot bath.

RHUS POISON.—The following is recommended in rhus toxicodendron poisoning.

℞.	Corrosive sublimate, ...	ʒ ij.
	Amm. mur.	ʒ iv.
	Potass. nit., ...	ʒ j.
	Aquæ font., ...	ʒ xvj.

M.—Sig. Dissolve, and wash the parts in this solution twice a day. It cures the itch with equal certainty.—*Med. Brief.*

INDUBITABLE CONGENITAL TUBERCULOSIS.—An eight months' fœtus was taken from a cow, the subject of advanced tuberculosis, by Dr. Johne. The placenta and uterus were free from tuberculous lesions, but in the lower lobe of the right lung a nodule the size of a pea was detected containing four caseous centres. The bronchial glands were congested and also tuberculous. The liver con-

tained numerous gray granulations. Microscopically, the tubercular structure was confirmed; masses of epithelioid cells with giant corpuscles containing tubercular bacilli were discovered.—*Lancet.*

CONVULSIONS IN AN INFANT CURED BY MORPHINE.—Dr. H. Plummer, of Harrodsburgh, Ky., reports in the *Medical Record* for March 27, 1886, the case of an infant, 22 months old, who was seized after a short period of malaise with convulsions. She was seen after the second convulsion, and did not then appear to be very ill, but was fretful. The temperature was 102° and there was some little cough, but there was no signs of pneumonic trouble. Bromide of potassium in 5-grain doses was given every hour, but the convulsions increased in severity and frequency. The bowels had been moved by calomel and castor oil. In the afternoon of the second day the child was in the following condition: The tongue was protruded between the teeth, swollen, and constantly in motion; the fore-arms were flexed and rigid, the thumbs being firmly drawn into the palms, and the lower extremities were likewise rigid. The child was now unable to swallow, and the pupils were widely dilated. The convulsive attacks recurred at such short intervals that they seemed to be continuous Other remedies having proved ineffectual, Dr. Plummer determined to employ morphine, and accordingly gave $\frac{1}{8}$ grain hypodermically. In a few minutes the little patient fell into a sleep, in which she remained, awaking only to drink, for twenty hours. The pupils became of nearly the normal size, and the muscular system became relaxed. From this time she continued to improved, although she seemed nervous and fretful, for a time, and the convulsions did not return.

CHLORIDE OF CALCIUM AS A GLANDULAR DEOBSTRUENT.—Dr. Arthur Davis thinks that this old and formerly much used drug is not sufficiently resorted to in cases of enlargement of the lymphatic glands, and he relates two cases wherein the results were very satisfactory. He utters the caution that the drug must be given in solution in doses of from three to ten grains thrice daily, according to age, and he concludes that in the application of this drug, therefore, three points should be borne in mind:

1. The necessity of a cautious but gradual increase in the strength of the dose taken.

2, The steady persistence in its use for a lengthened period.

3. Its uselessness in cases where suppuration has already commenced.—*Med. and Surg. Reporter.*

THE TREATMENT OF FEVER BY ELECTRICITY.—Prof. E. De Renzi having by chance observed a case of quartan fever cured by the application of electricity, instituted a series of experiments in this direction, and has formulated as a result of these observations, the following conclusions:

1. Fevers of malarial origin resist the action of the electrical current much more than do those symptomatic of bronchitis, pulmonary phthisis, etc.

2. During the application of electricity the temperature remains elevated, or even rises to a fraction of a degree; but soon after, at the most within an hour or two, a fall of several degrees occurs.

3. The best effect is obtained by holding a moist electrode in the hand while a metallic brush attached to the other pole is swept over the surface of the body.

4. Arterial pressure is increased during the application, the skin becomes reddened and often moistened with perspiration, and the pulse is increased in force. It is probable, therefore, that the antipyretic effect of electricity is due to the increased activity of the cutaneous capillary circulation, whereby caloric is more rapidly lost.—*Gazetta Medica Italiana.*

MALIGNANT TUMORS OF THE NOSE.—*Revue. Mens. de Laryngog.* Schmiegelow, of Copenhagen, has observed and described three forms—sarcoma, carcinoma, and lupoid polypi. The latter resemble tubercular vegetations of the larynx and trachea; their surface is white, granular non-translucent, hard, but less so than the fibromata. In two cases they were attached to the septum, middle and inferior turbinates The structure is like that of a tubercle. Carcinoma is rare, sarcoma somewhat more frequent; the former is slow of progress, occupying months and even years, whilst the evolution of a sarcoma usually takes weeks; carcinoma is more superficial, ulcerates more quickly, is less hard than sarcoma. Epistaxis is by no means an habitual sign of either, and infiltration of the lymphatics is not the rule, though visceral metastases have been observed. In Schmiegelow's case of carcinoma its origin, usually from the ethmoid, was from the cartilaginous septum and its histological type cylindrical. Growths limited to the nasal cavities proper, excepting the ordinary soft polyp, are so rare that every case should be minutely described and published.—*St. Louis Med. and Surg. Journal.*

SYPHILIS OF THE BRAIN.—In this dangerous manifestation of syphilis, from whatever pathological condition arising, Dr. Gerhardt places his reliance upon mercurial ointment and iodide of potassium for treatment. If the treatment is begun early enough, many of the cases are curable; but if treatment is delayed, there is no hope. Treatment must be begun early, and must be energetic and long continued. He uses daily

inunctions of ungt. hydrarg, in doses of three to seven grams, and administers at the same time from two to five grams of iodide of potassium. The more the patient moves about in the open air, the greater, proportionally, must be the amount of ointment rubbed in.—*Berliner Klin. Wochens.*—*Archives of Pediatrics.*

ACNE AND ITS TREATMENT.—Young people are subject to acne, which many think is caused by some change in the blood. The disease is seen in many instances about the age of puberty. It is marked by a popular eruption on the face, sometimes interferes with the digestion, and has a low fever. The indications are to give a simple cathartic.—*Medical Summary.*

A MUSTARD SPONGE.—Dr. B. W. Richardson recommends the use of a sponge for mustard poultices. He says: "A sponge makes the best of mustard carriers. The nurse mixes the mustard in a basin with water until the mass is soft and of even consistency. Then she takes the soft mass all up with a clean sponge, lays the sponge in the centre of a soft white hanhkerchief, ties up the corners of the handkerchief neatly, to form a hold, and applies the smooth convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice for re-application, often a matter of importance during the weariness of night watching. The sponge can afterwards easily be washed clean in warm water."

MENTHOL IN THE TREATMENT OF URTICARIA AND PRURITUS.—Among the myriad of remedies for these troublesome affections we have used this remedy for urticaria in three cases. Not only is the itching relieved for the time, but a cure seems to be effected. In pruritus ani, and in eczema, moistening the parts with menthol solution causes an immediate cessation of the pain. The solution should contain from two to ten grains of menthol to the ounce of water.—*Exchange.*

FOR WORMS.—Prepare six powders, each containing from three to five grains of santonin, according to age, and a fourth of a grain of calomel. The first two powders to be taken at twelve hours interval, the remainder at twenty-four hours interval. Followed by a dose of castor oil, "Infallible."—*Brit. Med Jour.*

A LIBERAL OFFER.—The editor of a newspaper in this State thus appeals to his delinquent subscribers: "To all those who are in arrears one year or more, who will come forward and pay up arrearages and for a year in advance, we will give a first-rate obituary notice gratis in case it kills them."—*The Sunny South.*

TREATMENT OF LEUCORRHŒA AND FŒTID VAGINAL DISCHARGES.—Dr. Cheron orders the following injections morning and evening:—Chlorate of Potash, ʒ iij.; laudanum, ʒij.; aquæ rhenicæ, ʒx. Two or three tablespoonfuls for a quart of warm water.—*Medical Press and Circular.*

ANOTHER USE FOR COFFEE.—Chewing coffee is said to effectually remove the disagreeable taste following galvanism to the head and neck.—*Peoria Med. Monthly.*

"Yes! You docters are great fellows," said the man on the cracker-box to a young M. D., near by. "You put a long name onto everything, and then people forget it. Oh, yes! I know. You call water aqua and pumpiosis, and you call tar, fix liquidator, just as if people did not no what a fix was. You say if a man has lung fever, that he has the ammonia; and if he gets a cold, you say he has the brown skitters. But you don't fool a man that's been brought up in Philadelphia. You call wax, ce-rat-um, and call a mixture of baking soda and acid, sigh-lets powders, and so you go on thinking to cheat honest folk. And now you expect people to believe in you, but we won't until you come right out and call things by their proper names—" Just then some one rushed in and said there was a dog fight down street and the groceryman was left alone.

A woman once consulted Abernethy for an ulcer on her arm, and when asked, "What ails you?" exhibited the sore without speaking. "Poultice it, and take five grains of blue mass every night; come back in a week!" The woman offered the usual fee, which the surgeon refused. At the end of the week the patient appeared, and the same pantomime occurred. After a few more visits, the doctor looked at the arm and pronounced it well. The patient again offered a fee. "No," said Abernethy, "I will take nothing. You are the most sensible woman I ever met. *You don't talk!* A few months afterwards he discovered that the woman was *dumb.*

Prof. Da Costa speaks highly of a double salt of sodium and iron, the pyrophosphate, in the treatment of anæmia. As it is unirritating, it is the best salt for hypodermic use. It is freely soluble, and can be given in large doses as it does not irritate the stomach, not does it produce constipation.

Professor Parvin recommends as a remedy for the salivation of pregnancy, the smoking of the fourth of a cigar several times a day.

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TORONTO, JUNE, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

RECTAL MEDICATION AND ALIMENTATION.

That the rectum possesses no mean powers of absorption has long since been established; yet we fear its great importance is not generally recognized, and that insufficient attention has been given to the many advantages of rectal medication and alimentation. Many important diseases are in proximate relation to this cavity, and consequently are more readily affected by remedies, thus administered, than by any other mode. Liebig states that a 20% solution of salt injected into the rectum will disappear completely in one hour, so completely that an evacuation at the end of that time, will be found to contain no more than the usual quantity of salt. The fluid extract of rhubarb has been detected in the urine one hour after injection into the rectum, and abundant proof has been obtained, that most if not all liquid or soluble remedies are absorbed by the rectum with great facility. Hence we may confidently administer medicines per rectum whenever indicated, especially for pelvic ailments. Comparatively few resort to this method, even for diseases of this locality, because of their want of confidence in the absorbent powers of the rectum; yet the few who have given it a fair trial, seldom return to medication by the stomach for diseases of the bladder, prostate, womb, ovaries, testicles, lower bowel, etc., etc. Medication by rectal suppository or capsule, is simple, direct and cleanly, and when indicated remedies are properly selected and prepared, is very efficacious. The advantages of this mode are obvious; the stomach is left free for food, the disgust produced by nauseous medicines, their probable rejection by the stomach, the troubles of administering to children and delirious patients, and many other practical difficulties are all obviated. Rectal alimentation also deserves more practical attention than it has hitherto received. Although the practice has obtained from the earliest period, and is probably as old as the science of medicine, yet we have not availed ourselves of its great utility, to the extent which its importance merits. Herodotus states the Egyptians used clysters at certain times for their health, and the ancient Greeks injected wine, whey, milk, ptisan, broth of spelt, etc., for this purpose. The Romans availed themselves of this method of administering nourishment, as a sustaining treatment, as well as most other civilized nations of which we have any record. The practice has continued to ebb and flow, with the fashion of the period, down to the present day. Many prominent physicians of the last and present century have strongly advocated its utility, and urged its more frequent adoption by the profession. The use of pancreatized enemata has been known for over two hundred years. It is mentioned in a Latin treatise published in 1671. It behoves us then not to permit this important means of sustaining life, under adverse circumstances, to languish or become obsolete at the present day. That its necessity and utility are as important to day as in the past, will not be disputed, nor has it been superseded by any other method of administering nourishment, when the stomach, from any cause, fails to perform its duties. Now that science has furnished us with the means of supplying food partially if not wholly digested, and prepared for absorption, rectal alimentation should attain better results than in former days, and should be more frequently resorted to, if we would avail ourselves of every means in the interest of our patient. Pancreatized and peptonized aliment, in a liquid or semi-liquid form, is readily absorbed by the rectum, and will sustain life for an indefinite period. Its utility in the large majority of diseases is so obvious, that enumeration would be superfluous. We have barely hinted at a few of the points of this very important subject, but all will easily conceive its necessity in every-day practice, and we trust will not fail to recognize its great importance.

not only to the patient, but to the physician, if he would be successful in combating disease, and postponing the dire event of our mortality, to the latest period allotted to man.

FEVER.

The theory of fever, or increased body temperature that has been so long familiar to us, seems to be insufficient. We have been accustomed to say quite glibly, that the increased heat is due to increased oxidation of the tissues—to a degradation of their histological elements, under the influence of some cause, hitherto rather shadowy. Some of the most advanced, and most scientific minds in the medical profession, have become skeptical as to the fact, that this degradation of tissue is the prime and only factor in the process. It may, therefore, almost be put as a corollary to the above proposition, that new light will be thrown upon this difficult, but interesting and important subject, just as the old theories about heat and light were supplanted by the present ones, as soon as science acquired facts which were not consonant with the old theories. The thought has been suggested that a portion of the heat manifested in fever is produced by a checking or lessening of the processes of tissue-building. We know that during fever the processes of repair, so to speak, are in abeyance. The various tissues waste, and no sufficient renewal goes on. Now by what means, in health, are the tissues built? Is not a certain amount of force necessary for the performance of what we call the vital functions? The weaving of cells, the secretion of juices, the elaboration of tissues; surely these processes require a certain amount of motion, or chemical action, or whatever form of energy it may be, and this we may now put down as heat, or as some force in the manifestation of which heat is used up or rendered potential. If this be true, we have advanced considerably in our capability of understanding that fever is due not only to increased oxidation, from the rapid disintegration of the tissues, but also to the non-disappearance of a certain amount of force necessary for the elaboration of the various aliments, their assimilation and the subsequent tissue-formation. It has been clearly shown that during febrile states more heat is given off, that is, the increased body heat is not due to its retention in the body. Unfortunately for the theory, all observations so far made, upon animals, appear to show that in all the processes of the body heat is evolved or rendered sensible, and not latent. But recent observations, very carefully conducted by Mr. Ord, show that in certain growing fruits, *the temperature is lowest* where the greatest amount of tissue-building is going on. The cucumber was selected for these observations, and Mr. Ord found that the thermometer registered a difference of as much as 1.1° in different points of the same cucumber, being lowest where growth is most rapid, *i. e.*, at the tip, and at the stalk end. He also found a difference of 2.9° between a ripe and a growing cucumber placed under similar outside conditions; that a ripe cucumber, that is, one in which disintegration of tissue was going on, showed a temperature 0.6° higher than a bottle of water suspended beside it, while a young growing one was 2.3° lower than the water. These observations were carried on under conditions carefully regulated to preclude error, and they are certainly full of suggestion to any one interested in the phenomena presented under fever, and what medical man is not? They point strongly to the fact which is so at one with all our ideas of heat as a mode of motion, that in all work done, whether it be the drawing of a train up a grade, the changing of water into steam, or the building of a cell, heat is used up, or changed into some other form of energy.

This subject lies at the root of a large amount of the disease we are called upon to treat from day to day. It is to be hoped, then, that that amount of attention may be given to it which it deserves, and that in the near future the question may be definitely settled.

LAPAROTOMY EPIDEMIC.

Under the above title the *Medical Press and Circular* has in a leading article felt itself constrained to make a decided stand against the frequency with which this operation is performed in England. The article grew out of a statement made by Dr. Imlach at a recent meeting of the Liverpool Medical Institute, that every Monday, his receiving day, out of ten women his nurse picked, he found seven requiring abdominal section and "spaying." As a result of that article, at a

crowded meeting of the Liverpool Medical Institute, held on the 4th of February, to discuss the subject, Dr. Gurnsdale proposed the following resolution, seconded by Dr. John Cameron, Senior Physician to the Royal Southern Hospital, and which was unanimously carried: "That in view of the large and increasing number of cases of abdominal section at the Hospital for Women in this city, as shown in the annual Medical Reports for the years 1884 and 1885, this meeting is of opinion that a select committee should be appointed for the purpose of investigating the grave questions of practice and ethics involved in the performance of these operations, and that the following gentlemen form the committee: Dr. Nevins, president, Dr. Cameron, Dr. Waters, Mr. Bickersteth, Mr. Banks, Dr. J. H. Wilson, Dr. M'Fie Campbell and Dr. Alexander." As it was more than hinted at a previous meeting of the Institute that "women are spayed without being told what the nature of this operation of spaying is, and the position in which they will be placed by it," the remarks of our contemporary appear to be well timed.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—Following is a list of successful candidates at the college of Physicians and Surgeons of Ontario examinations:

For Primary.—G. Acheson, W. Armstrong, A. E. Ardagh, L. Ault, C. N. Anderson, J. Appelbe, O. R. Airson, J. W. Begg, A. D. Barnett, George Bell, A. Bradford, J. J. Brown, S. G. T. Barton, G. H. Bowlby, A. E. Bolton, R. A. E. Burns, E. Bromley, Agnes D. Craine, J. M. Cameron, Susanna Carson, D. Cameron, E. P. Campbell, L. F. Cline, S. Cummings, D. M. Campbell, G. A Cassidy, J. G. Creegan, D. A. Dobie, W. H. Dawson, W. H. Downing, J. M. Eaton, A. J. Errett, C. R. Francy, A. J. Fisher, J. G. Ferguson, G. A. Fere, A. Forin, J Galloway, A. D. Graham, M. Gallagher, T. H. Holsted, A. N. Hotson, L. J. Hixon, R. R. Hopkins, J. W. Hunter, J. F. Hart, W. H. Harris, J. A. Hamilton, C. James, G. F. Jones, D. A. Kidd, C. J. W. Karn, C. B. Langford, T. H. Little, A. Lawson, A. E. Lackner, B. Lammiman, Annie Lawyer, M. Maybee, W. H. Merritt, J. A. MacMahon, J. E. Maybee, D. C. Meyers, Mary B. MacKay, P. MacNaughton, J. H. McCasey, E. A. McGrath, J. B. H. McClinton, P. McLaughlin, L. G. McKibbon, C. D. McDonald, D. P. McPhail, A. W. McCordick, J. A. McDonald, D. R. McMartin, T. G. McGannon, J. A Neff, W. Newell, A. Ochs, J. A. Palmer, A. F. Pirie, J. Proudfoot, A. R. Pyne, R. P. Pattee, J. W. Rowan, J. L Reeve, T. M. Robinson, J. O. Reaume, P. J. Scott, G. S. Stockton, J. R. Shannon, J. C. Smith, J. A. Scott, W. A. Shannon, A. J. Stevenson, M. Steele, T. Scales, J. W. Shillington, A. T. Tufford, O. Taylor, M. Tovell, C. A. Toole, A. F. Vrooman, T. P. Weir, W. J. Welsh.

For Final,—F. Beemer, L. Brock, G. M. Brodie, R. M. Bateman, F. H. Brennan, E. Bromley, H. S. Birkett, W. C. Beaman, H. E. Burdett, J. M. Conerty, W. P. Caven, G. R. Cruickshank, J. M. Cleminson, J. P. Casselman, C. Collins, J. B. Carruthers, L. F. Cutten, J. I. Cassidy, G. A. Cassidy, L. F. Campbell, W. F. Cale, C. R. Cuthbertson, J. F. Campbell, J. G. Creegan, S. S. Cornell, H. E. Drummond, D. Dunton, G. J. Dickison, W. G. Dow, W. Dow, M. L. Dixon, A. A. Dame, A. B Eadie, jr., A. B. Eadie, sr., A. H. Edmison, W.M. English, E. H. Earl, A. Ego, W. H. Fox, J. W. Fraser, D. E. Foley, J. M. Forster, A. Forin, D.M. Gordon, T. D. Galligan, J. H. G. Grant, R. Gibson, Wm. Giles, J, W. Hunter, R. Hillier, W. C. Heggie, George Hunt, J. W. Hart, W. W. Hay, W. B. Hopkins, J. H. Hamilton, J. A. Hamilton, F. C Heath, J. E. Hanna, P. H. Hughes, D. R. Johnston, D. W. Kester, W. J. Logie, W. Lasgie, T. C. Lapp, M. Mather, J. C. Moffat, D. E. Mundell, S. J. Mellow, J. C. McAlister, T. McEwan, H. A. McCallum, D. McEdwards, E. McLaughlin, J. C. McCabe, George McKenzie, W. H. McKague, A. F. McVety, T. G. McGannon, C. T, Noecker, W. R. Nicholls, J. Olmsted, A. B. Osborne, P. H. Orton, J. W. Peaker, R. P. Pattee. J. L. Reese, A. B. Riddall, W. A. Richardson, L. M. Robinson, J. O. Reaume, C M. Sanford, George Sanson, J.J. Soden, J. P. Shaw, D. Storms, J. M. Shaw, H. C. Scadding, A. F Tracy, J. A. Tuck, C. A. Toole, S. West, R. J. Wilson, E. J. Watts, R. West, F. Winnett, G. H Wilson, W. J. Weekes, E. W. Wright, W. H. Waddell.

VICTORIA UNIVERSITY.—The following is a list of the successful candidates in Medicine at this University:—M.D. and C.M.—N. Aikins, R. M. Bateman, G. M. Brodil, E. Bromley, J. A. Carbert, J. Caven, J. F. Campbell, G. R. Cruikshank, C. R. Cuthbertson, W. Dow, D. Duntan, W. G. Dow, W. English, E. C. Eschelby, J. Forster, W. H. Fox, O Grain, W. D. Green, J. A. Harvie, A. O. Hastings, W. C. Heggie, R. Hillier, C. Hodgetts, W. B. Hopkins, G. Hunt, S J. Jones, A. P. Knight, J. Leeming, W. J. Logie, J. M. MacCallum, T. J. McDonald, G. McDiarmid, T. McEwan, J. M. Nairn. H. Noyes, J. F. Orr, J. Rea, A. B. Biddell, G. Sousan, W. B. Thistle, A. F. Tracy, W. R. Watson, S. West, R. J. Wilson, R. J. Hood, W. A Young.

M.D.—H. Bourbonnais, F. P. Canac-Marquis, A. Cheval, O. Clouthier, H. Dauth, A. Elfe, —. Grenier, J. E. Grignon, M. Gervais, H. Hervieux,

W. Joyal, J. Laberge, J. Legault, J. L'Esperance, P. U. Laberge, C. F. Lussier, A. Mallette, A. Mignault, D. McNamara, P. C. Pilon, A J. Bte. Rolland, J. H Roy, J. Rodier, A. S. St. Armour, E. J. Thérien.

C.M.—F. P. Canac-Marquis, L. A. Demers, J. Laberge, J. L'Esperance, A. J. Bte. Rolland.

THE TREATMENT OF NASAL POLYPI BY INJECTIONS.—Dr. Dudley S. Reynolds, in a published clinical lecture (*Phil. Med. Times*) recommends the injection of from one to three minims of liquified pure carbolic acid into the body of the tumor through a hypodermic syringe needle, made especially long and bent at an angle of twenty-five degrees near the point of attachment to the barrel. This needle is straight from the point back three and a half inches and is very convenient, as Dr. Reynolds has found, for the purpose. The carbolic acid instantly coagulates the contents of the polypi, while the investing membrane is quickly inflamed, and in about forty-eight hours from the time of the injection it is usual for the main part of the injected growth to come away *en masse*, completely sphacelated. Some cases of polypus exhibit a tendency to frequent hemorrhages, especially of the remaining pedicles after the body of the polypus has been destroyed by caustic. Injection into the bleeding pedicle, of the officinal compound tincture of iodine, or of iodine in solution, will be followed by rapid shrinking of the muscular mass and permanent relief of the hemorrhagic tendency. To prevent accumulations in the nasal passages the following powder is recommended:

℞—Sodii boratis . . . . . ℥j.
Sodii chloridi . . . . . ℥ii.
Cubebæ . . . . . gr. v.
M. Ft. pulv.

TREATMENT OF CHOLERA INFANTUM.—According to Dr. W. Byford Ryan (*Amer. Practitioner*, May, 1881), the indications for treatment of cholera infantum are, first, to restore the blood-supply to the surface, thereby relieving the visceral engorgements; second, to maintain capillary action of the entire economy, thus helping to arrest extravasation of serum; third, to give tone to the muscular and mucous coats of the bowels; and, fourth, to supply proper nutriment. Dr. Ryan believes that these indications can be largely met by the use of belladonna, since belladonna, by dilating the superficial capillaries, will help to remove peripheral anemia. It will further tend to arrest secretion from the mucous membrane of the bowels, and by the anæsthesia which it produces of these surfaces will help to remove the extreme irritability of the stomach and intestines, and thus do away with the prime factor in the causation of vomiting and excessive diarrhœa. Dr. Ryan believes, and states that his experience supports that belief, that belladonna will in every case arrest both the vomiting and diarrhœa at once, and that no child sick of this dangerous summer complaint, who has a fair constitution, need be lost if it have this treatment, combined with and followed by such tonic measures and nourishment as will suggest themselves to any intelligent physician. As the most suitable tonics Dr. Ryan recommends minute doses of nux vomica and arsenic.

ERGOT IN DYSENTERY.—Dr. Du Rocher succeeded in curing a severe case of dysentery, which had resisted treatment, by powdered ergot, of which 45 gr. were given in six doses during one night. The case progressed rapidly and without untoward symptoms.

OINTMENT FOR ALOPECIA AREATA.—Dr. Allen, *Jour. Cut. & Ven. Dis.*, recommends an ointment of pyrogallic acid, one drachm to the ounce in alopecia areata. He states that a decided improvement was manifested in five days, and that in a month a good crop of hair was growing.

MENTHOL IN TUBUCULAR LARYNGITIS.—Dr. Krause recommends the application of a twenty per cent. solution of menthol in the above disease, and owing to the benefit derived from the treatment, is now trying the effect of menthol inhalations in pulmonary phthisis.

SOME USES OF FRIEDRICHSHALL WATER.—Lauder Brunton, Professor of Therapeutics at St. Bartholomew's Hospital, London (*The Practitioner*), says, "The therapeutical range of Friedrichshall is highly esteemed by the leading German physicians: Mosler and Thierfelder find it of great service in habitual constipation and various digestive liver affections; Scanzoni in the constipation of pregnant women; Schröder and Veit in uterine congestions and inflammation, and especially in chronic metritis; Weber in catarrh of the bladder;

and Sir Henry Thompson in the prevention of calculous disease and the prophylactic treatment of gravel. Löschner, Helft, and Mosler speak highly of its use, combined with suitable exercise and diet, in the torpid forms of struma, and in scrofulous children. The opinion of these authorities is likely to reinstate Friedrichshall as a favorite laxative."

ONTARIO MEDICAL ASSOCIATION MEETING.—The following is the list of papers received by the meeting of the Ontario Medical Association up to time of going to press (which we do this month much earlier than usual). Many more, no doubt, will be in hand before the meeting on next Wednesday and Thursday, June 2nd and 3rd. The meeting will be held in the theatre of the Normal School, St. James' Square, and will be open at 10 o'clock, sharp; Dr. Tye, of Chatham, President. Dr. Reeve, "Inflammation of the Frontal Sinus"; Dr. Ferguson, "Fifty cases of Chorea in the Lower Animals—experimentally produced"; Dr. McKeough, Chatham, "The Influence of Malaria and Quinine upon Pregnancy"; Dr. Turver, "Treatment of Ante-versio-uteri"; Dr. Hunt, Williamstown, "Treatment of Laryngeal Diphtheria"; Dr. Blackstock, Thorold, "Intra-cranial Injuries"; Dr. Howe, Buffalo, "Bacteria and the Eye"; Dr. Campbell, Seaforth, "Placenta Prævia"; Dr. A. H. Wright, "Secondary Puerperal Hemorrhage"; Dr. C. W. Covernton, ———; Dr. McFarlane, "Surgical Treatment of Diphtheritic Croup"; Dr. Forin, Melrose, "Medullary Carcinoma of Liver"; Dr. Oldright, "Two or three points in the treatment of Colles's Fracture"; Dr. Palmer, "Diseases of the Eye in Pregnancy"; Dr. Henderson, Kingston, "Glio-sarcoma, involving Pituitary body"; Dr. Anglin, Kingston, "Casts of large Urinary Calculi"; Dr. Dupuis, Kingston, "Case of Multiple Hepatic Abscess, with Petrifaction of the Gall Bladder," also, "Case of Congenital Imperforate Rectum and Anus"; Dr. McKinnon, Guelph, "Some details on Ovariotomy"; Dr. Oakley, Streetsville, "Observations on the Repair of Nerve Tissue."

A TEST FOR SUGAR IN THE URINE.—A Philadelphia correspondent of the *Atlanta Medical and Surgical Journal* states that it might be of interest to mention a convenient substitute for Fehling's solution in testing for sugar in the urine. The ordinary solutions deteriorate on keeping, and are liable to throw down the sub-oxide of copper themselves if they have not been freshly prepared. Prof. Holland, in his lectures on chemistry, at Jefferson Medical College, gave the following test fluid, which is very efficient, is easily prepared, and is not spoiled by keeping:—

GLYCERINE CUPRIC SOLUTION.

℞	Cupric sulphate	℥j
	Glycerine	f ℥j

To make the test add five drops of this solution to one drachm of liquor potassæ, in a test-tube. Boil a few moments to test the purity of the fluid; should it remain clear, then add a few drops of urine. If glucose be present in quantity, there is at once thrown down a red precipitate, just as in the ordinary Fehling's test. To detect minute amounts of sugar, not shown by above procedure, after making the test as above, add half a drachm of urine; boil and set aside. If sugar be present, even in very minute quantity, the liquid, as it cools, will turn to an olive green color and become turbid.

REMOVAL OF FOREIGN BODIES FROM THE EAR.—Jonathan Hutchinson, in the *Br. Med Jour.* says:—I have never, since I was a student, used either forceps or scoop; and, for the purpose of extracting hard bodies from the ear, I hold that they are most dangerous. With a flexible silver wire loop, or if need be, with two placed at right angles, I have repeatedly succeeded when all other means had failed. Thus, not only is the loop quite devoid of danger, but it is both more easy of use and far more efficient than any other method. It is impossible that it can injure the membrana tympani or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once; but sometimes a little patience is necessary. In one instance I took out a piece of heavy lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety, and efficiency of the method make it desirable that it should be better known.

THE TREATMENT OF HÆMOPTYSIS.—Dr. Horace

Dobell recommends the following prescription for the reasons given :—

℞	Ext. ergotæ	ʒii
	Acidi gallici	ʒi
	Mag. sulph.	℥p
	Acid sulph. dil.	ʒi
	Inf. rosæ acidi ad.	ʒviii M

SIG.—Take two tablespoonfuls every two hours. The ergot contracts the capillaries ; the gallic acid is an immediate styptic ; the Epsom salts relieves congestion ; the digitalis steadies the heart ; the sulphuric acid is also a styptic, and the infusion of roses is the menstruum for the administration of the other drugs.

CAUTION IN THE USE OF IODINE COLLODION.—The application of this mixture has not been unattended with considerable danger—mortification, as in the case of fingers, following its use. Dr. Vogelsang has pointed out that when painted upon quite a broad expanse gangrene of the skin and sloughing may occur, and that the parts most obnoxious to its use are scrofulous or other glandular swellings in the neck. Dr. Vogelsang is of opinion that the iodine is to be considered as the cause of the gangrene. He assumes that under the impervious film of collodion, an intensified chemical action of the agent takes place, leading to the coagulation of blood in the capillaries and death of tissue.

VOMITING OF PREGNANCY.—Dr. Mendel (*Archiv de Tocol*), says he has had remarkable results from irrigation of the epigastrium with ether in severe vomiting of pregnancy. A patient not relieved by any of the ordinary remedies, found immediate cure by this treatment.

THE ACTION AND USES OF CHLORATE OF POTASH.—Dr. Von Mering, as the result of experiments with this drug, holds that the following considerations should guide us in the administration of this remedy : First, the salt should be given after meals ; second, quite an interval should occur between the several doses ; third, the salt should not be given in high fevers on account of the diminished alkalinity of the blood ; nor in respiratory trouble, such as emphysema, pneumonia, and in the dyspnœa attendant upon obstruction of the larynx by croup and diphtheria and the cyanosis of valvular disease of the heart ; a contra-indication exists also in renal mischief attended with diminished excretion.

HYOSCYAMINE IN CHOREA.—Dr. Da Costa recommends hyoscyamine in chorea in the following dose : 1-200 of a grain three times a day, the dose being doubled if necessary. He records a case treated in the Pennsylvania Hospital of a boy eleven years of age suffering with chorea to a degree which rendered him completely helpless ; he was unable to walk or feed himself, and he had not sufficient control over his powers of speech to convey even the nature of his wants. In four days after the administration of the drug he was able to walk about the wards, and his condition underwent steady improvement, until, three weeks from the date of admission, his muscular system had regained its normal condition, and locomotion was in every way natural.

BRAIN SURGERY IN THE STONE AGE.—Professor Victor Horsley, of London University College, recently delivered a lecture to the Medical Society on "Brain Surgery of the Stone Age," in which he showed evidence of operations having been performed upon the skulls of men living at that time. He exhibited photographs of skulls on which trephining had been performed. Considerable discussion took place as to whether these openings are trephine-apertures or not. The lecturer pointed out the fact that these openings were in most cases found in that part of the skull over the motor area, and suggested that the operations might have been performed chiefly for traumatic epilepsy.

NEW YORK POLYCLINIC.—The Summer Session of the New York Polyclinic begins June 2nd, and ends September 11th. The past session was very successful, having had the largest class of practitioners ever registered in any school in the United States. A large number of Canadian graduates have attended the clinics during the past, and the number bids fair to increase. For the practitioner who has not time to visit the hospitals of Europe, this institution offers a valuable opportunity for clinical work. The fee for the whole course (Pathology excepted) is seventy-five dollars.

CHANGES IN TRINITY MEDICAL SCHOOL.—Dr. Covernton, in addition to his usual course in

Sanitary Science, will give a short course of lectures on the Theory and Art of Prescribing.

Dr. J. L. Davison takes the chair of Materia Medica and Therapeutics *vice* Dr. Kennedy resigned.

Mr. Shuttleworth will give a full course on Practical Pharmacy, so as to meet the requirements of the Medical Council and other examining bodies.

TORONTO UNIVERSITY.—The following gentlemen have passed their examination in this University: M. B. Gold Medal, G. A. Peters, Starr Gold Medal G. A. Peters. Silver (1) C. T. Noecker. (2) D. R. Johnston, A. W. Bigelow, J. C. Carlisle, W. P. Cavan, H. J. Hamilton, D. McKenzie, J. W. Mustard, S. G. Parker, J. W. Peaker, O. W. Peaker, G. Weld, J. Macoun, H. E. Drummond, W. A. Richardson, W. R. Watson.

Scholarships First Year—J. H. Collins, G. N. Waite. *Second Year*—(1) J. Galloway, (2) G. A. Féré. *Third Year*—A. Eggle, J. Olmsted.

WOMAN'S MEDICAL COLLEGE, TORONTO.—At the Woman's Medical College, Toronto, at the 1st year's Examination, Miss Jennie Carson was the Blake scholar; in the 3rd year, Miss Alice McLaughlin was the Cameron scholar. At the Trinity University, Primary Examination, 2nd class Honors were obtained by Miss Jessie Carson and Miss Mary McKay.

BRITISH COLUMBIA MEDICAL COUNCIL FOR THE CURRENT YEAR. — President, Dr. Powell; Vice-President, Dr. C. N. Trew; Treasurer, Dr. J. C. Davie; Registrar and Secretary, Dr. G. L. Milne.

CANADIAN MEDICAL ASSOCIATION.—We wish to call attention to the meeting of the Canadian Medical Association, to be held in Quebec on the 18th and 19th August next. A very successful meeting is anticipated. Any member, desirous of proposing any alterations in the By-Laws should at once inform the Secretary, Dr. Stewart, of Montreal, of such proposed meetings.

ONTARIO VACCINE FARM.—We beg to call attention to the Ontario Vaccine Farm recently established in Palmerston, Ont., under the superintendance of Dr. Stewart. This establishment is subsidized by the Ontario Government, and under the supervision of the Ontario Board of Health. We commend it to the attention of the profession in Canada.

FEMALE PHYSICIANS.—The College of Physicians and Surgeons of Edinburgh and Glasgow, have decided to allow women to take the conjoint examinations, and to grant the "triple qualification" in Medicine, Surgery and Midwifery.

PERSONAL.—Dr. F. C. Heath, President of the Alma Mater Society, of Queen's University, has commenced the practice of his profession in Brantford.

NASAL HEMORRHAGE.—Johnathan Hutchinson says that nasal hemorhage may be checked in nearly every case, by immersing the feet and legs up to the knees, in water as hot as can be well borne.

BRITISH DIPLOMA.—Dr. R. N. Fraser of Queen's was admitted member of the Royal College of Surgeons, England, on 19th April.

CORONER.—Dr. J. Sinclair, of St. Mary's Ont., has been appointed coroner for the Co. Perth.

ERRATA.—By mistake, the name of Dr. Smith was omitted from the list of graduates in our last number.

For a case of *gonorrhœal rheumatism*, Prof. Da Costa directed that blisters be applied around the joint, and that the patient take a capsule containing ℥ v. of the oil of sandal-wood, four times a day.

It will be of interest to the readers of the LANCET to know that Dr. Henry, of Orangeville, was elected to fill the vacancy in the Medical Council of the Saugeen and Brock Division.

Notes, Queries and Replies.

Will one of the correspondents of the CANADA LANCET state what is *laitière*, as it is called by Parisian ladies! My only knowledge of it is that it is supposed to give a softness to the texture of the skin (hence, I presume, its name, Fr. *lait*, milk) and a delicacy to the complexion. It is said also to alter the shape of the features. I am anxious to know what it is and how it is used. Dunglison makes no mention of it at least with this name. T. E.

Books and Pamphlets.

URINARY AND RENAL DERANGEMENTS AND CALCULUS DISORDERS. Hints on Diagnosis and Treatment. By Lionel S. Beale, M.D. Philadelphia: Blakiston, Son & Co.

He who takes up Dr. Beale's book will experience no inclination to lay it aside till he has read every page of it, for the further he travels with the author the more disinclined will he be to part company with so instructive a companion. As we read along we have marked many parts for reperusal. With regard to the large secretion of urea in fevers, Dr. Beale says, page 33. "The large proportion of urea excreted in fevers and inflammations has been supposed by some authorities to be proof of excessive oxidation, and to be necessarily connected with the high temperature of the body. In spite of the blood being stagnant in the vessels and the air-cells of the lungs choked up, this ill-considered theory has been forced upon us, that it will probably be some time before any view more in accordance with well known facts will be accepted." On page 37 we have a warning as to the discovery of sugar in the urine when no sugar is really present. The reaction with Trommer's test, or Fehling's solution being due to "urea or some other constituent." It is impossible in a necessarily limited notice to draw attention in any adequate manner to the many important matters discussed in Dr. Beale's book, we feel therefore that we cannot do better than to heartily recommend it to the careful perusal of our readers; and we feel sure that the book should find a place in the library of every practical physician.

A MANUAL OF OPERATIVE SURGERY. By Lewis A. Stimson, B.A., M.D., surgeon to Bellevue Hospital. Professor of Clinical Surgery in the University of New York, etc. Second edition. 342 illustrations. Philadelphia: Lea Brothers & Co. Toronto: Williamson & Co.

This is a deservedly popular "Manual." Dr. Stimson has been a close observer, and is a fine practitioner. His descriptions are clearly made, and his selected operations are always the choicest. His teachings, as set forth in this book, will serve as a faithful guide to the practitioner who may at any time be called on to operate There is no attempt at an exhaustive treatise on general surgery; but whenever he branches off on his chosen topic, his diagnostic hints are well put and reliable. We recommend the book without reserve.

FRACTURES AND DISLOCATIONS. By T. Pickering Pick, F.R.C.S., Surgeon to, and Lecturer on Surgery at St. George's Hospital. Member of the Court of Examiners, R.C.S., England; 93 engravings. Philadelphia: Lea Brothers & Co. Toronto: Hart & Co.

The name of the author is so well and favorably known to medical men, that the work hardly needs a notice. The object of the author has been to present a concise and practical treatise on the common fractures and dislocations, their causes, diagnosis and treatment. The scope of the work is not large, and while it is essentially clinical, we notice the absence of certain points which we think should have found a place in its pages. The rules laid down are concise, and will be of value to the student and young surgeon, as they have been formed on the author's experience in the words of St. George's Hospital.

A MANUAL of AUSCULTATION AND PERCUSSION By Austin Flint, M.D., L.L.D., late Professor of Medicine and Clinical Medicine, Bellevue Hospital Medical College, etc. Fourth Edition revised and enlarged. Illustrated. Philadelphia: Lea Brothers & Co. Toronto: Hart & Co.

LOCAL ANÆSTHESIA. By J. Leonard Corning, M.D., Physician to the New York Neurological Infirmary, etc. New York: D. Appleton & Co. Toronto: Williamson & Co.

OPERATIVE SURGERY OF THE HUMAN BRAIN. By John D. Roberts, A.M, M.D., Professor of Anatomy and Surgery to the Philadelphia Polyclinic, etc. Philadelphia: P. Blakiston Son & Co. Toronto: Hart & Co.

ELEMENTS OF INORGANIC CHEMISTRY; descriptive and qualitative. By James H. Shepard, Instructor in Chemistry, Ypsilanti High School. pp. 366. Boston: D. C. Heath & Co.

Births, Marriages and Deaths.

WALLACE—LESLIE.—At Hamilton, Dr. R. R. Wallace, to Maggie A., eldest daughter of James Leslie, Esq., M.D.

EDGAR—On 28th April, the Rev. James Edgar, M.D., of Toronto, aged 63 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, JULY, 1886. No. 11.

Original Communications.

ACUTE SUPPURATIVE HEPATITIS, CONSEQUENT UPON COMPLETE OBLITERATION OF THE GALL BLADDER.

BY T. R. DUPUIS, M.D., PROF. OF ANATOMY, QUEEN'S COLLEGE, KINGSTON.*

GENTLEMEN,—The following case is of peculiar interest, on account of the part implicated, as revealed by post mortem examination; the length of time which a man may live without a gall bladder, and the few morbid symptoms which such a condition manifests. I had known the individual of whom I write for perhaps over thirty years, and during that period I had always regarded him, and he had been regarded by others, as an average healthy man. He was a farmer, and consequently had plenty of out-door exercise and coarse healthy food; and he belonged to that peculiar class of people, who, although they do a sufficient quantity of work, are never apt to hurt themselves by over-work. There was nothing in the situation of his home, or in his mode of home-life, differing from that of other farmers around him; he lived, in fact, "a quiet uneventful life." A tavern was kept nearly opposite to his house—the house in which he was born and lived the whole of his lifetime; he was far from being, what in common parlance is termed "a drunkard," yet he did not object to the taste of beer or whiskey; and it is doubtful if ever a day passed without his having "wet his whistle" with one or both of the seductive beverages.

He was a man of medium size, light-complexioned, and spare in body, and for a few years back had seemed to me to wear a sallow, worn, and somewhat cadaveric look, although he made no special complaint of being in any way unwell. When I made the post mortem examination, after having discovered the condition of the liver and its appendages, I inquired particularly of his wife of what he complained whenever he did make complaints. Her answer was to the effect that he scarcely ever made any complaint of being sick, excepting that occasionally, during the last nine years, he would have what they called "bilious attacks," during which attacks he would complain of pains across him, turn sick at his stomach and generally vomit a little. In a short time this state of affairs would pass away, and he would again return to his accustomed state of health. None of his neighbors or acquaintances had ever heard him complain of being sick, and they all looked upon him as healthy, tough and "wiry," equal to, if not beyond, the average of men.

Symptoms during sickness.—For these I am chiefly indebted to Dr. J. W. Patterson, of Harrowsmith (now of Toronto), as he was the regularly attendant physician, and I was present only in consultation with him. His report is as follows: G. P., æt. 48; habits regular; used tobacco largely; consumed regularly every day more or less spirituous or malt liquors; had generally a good appetite; rather inclined to constipation; was able to attend to his business as a farmer constantly; although for the last eighteen or twenty months his appetite and strength had not been entirely up to the mark. He was called to see him on the night between the 4th and 5th of March, and found him suffering from symptoms of a "heavy cold," *i. e.*, pains all over the body, severe in the back, and more especially in the lumbar region; urine scanty, very high colored; slight thirst; tongue slightly coated, but red; temperature about 100°, and great restlessness.

Doctor Patterson ordered some hot applications to the back, gave a mild diuretic and a Dover's powder to ease pain and produce diaphoresis, and procure rest. Being called again on the 7th of March, he found quite a different set of symptoms. There was pain in the epigastric and right hypochondriac regions; severe chills occurring at irregular intervals, from two to four times in the twenty-four hours; constipated bowels, with nearly a porter-colored urine; temperature 100.5°; complete anorexia; occasional vomiting, with soreness on pressure over the region of the stomach and liver; pulse about 96. The doctor diagnosed cir-

* Read before the Ont. Med. Ass'n, Toronto, June, 1886.

cumscribed peritonitis, with slight involvement of the liver, and treated him accordingly. On the 10th of March I saw him with Dr. Patterson, and found him in the condition last described, as his symptoms had undergone no change. In addition to the symptoms already detailed, I noticed that he coughed hard and frequently, but the most minute examination failed to detect anything more than the crepitation of bronchial mucus such as might be produced by extraneous irritation.

According to the entry made in my day book at the time I find that I diagnosed acute hepatitis with involvement of the upper peritoneal surface of the organ, being assisted in this by the acute pain which he suffered in that region. On the 12th of March I saw him again with Dr. Patterson, but I could perceive no change except increased weakness, the chills were continuing violently two or three times in the 24 hours, and his general suffering, as shown by his extreme restlessness and jactitation was extreme. On the 20th of March I saw him again, and introduced a hypodermic syringe needle into the liver to ascertain the presence of pus; but as one of the small abscesses did not happen to be punctured, no pus was obtained. A day or two afterwards Dr. Patterson introduced the needle again and obtained a minute quantity of pus; this confirmed our diagnosis, namely, that he had pus in the liver, but in what condition it existed was not so easily decided. There was no fluctuation to indicate an abscess of any size, and our conclusion was that the pus existed between the peritoneal layers in front of the liver. How correct we were the sequel will show.

Two days after this he died, and we made a post mortem examination.

Post-Mortem Appearances.—Abdomen flat; slight prominence in region of liver; body greatly emaciated.

On opening the abdomen and bringing the liver into view, signs of inflammation were distinctly visible. The peritoneum covering the liver was inflamed, and covered with a thin layer of pus; the inflammation extending over the whole front and upper surface of the liver, and upon the under surface of the diaphragm for a short distance, and down the lesser omentum on to the anterior wall of the stomach; the peritoneum lining the abdominal wall over the liver was inflamed, but the inflammation was not at all general. The liver itself was considerably increased in volume, and through its peritoneal covering appeared numerous projecting pustules of sizes varying from that of a mustard seed to that of a pea. On removing the peritoneal covering of the liver pus oozed from each of these various little abscesses, and the organ itself was a much darker red, and more friable than in health.

On raising up the liver to remove it from the body a peculiar shaped stone broke loose and fell back upon the intestines; one of the gentlemen assisting at the autopsy picked it up and exclaimed, "What is this?" We looked at it for a moment, but did not attempt to explain just then; after raising the liver high enough to get a view of its under surface, the first thing that struck our notice was the absence of a gall bladder; the right and left hepatic ducts were there, and the ductus communis choledochus, but the cystic duct and gall bladder were not. The hepatic ducts and common bile ducts were all patent, the two former being somewhat enlarged, and containing bile mingled with pus; the cystic duct, as already stated, was obliterated so that the bile passed directly downwards from the hepatic ducts into the common bile duct; the larger branches of the hepatic ducts on being cut across, poured out the same mixed fluid of pus and bile that came from their larger portions, and such a condition of affairs seemed to continue into their smallest ramifications.

The fissure for the gall bladder was marked by a deep narrow groove, into which this stony formation exactly fitted, and which explained the nature of the latter; there was nothing abnormal in the formation of the other fissures or lobes of the liver, only that its whole under surface was studded with various sized abscesses. On cutting through the substance of the liver in every direction the cut surfaces exhibited abscesses varying in size from a currant to a cherry—the largest perhaps being an inch in diameter—filled with creamy looking fluid pus. The lungs, pancreas, and spleen, looked healthy, and the stomach had not suffered except from inflammation of a part of the peritoneal coat on its anterior aspect. The cause of this condition is to me very obscure. The state of the ducts—filled with pus and bile—and the formation of this monstrous biliary concretion would place this case in that somewhat doubtful class known as "biliary abscesses."

Ziegler's Pathological Anatomy states that "when the biliary channels are somehow diseased, so that bile is retained and stagnates within them, concretions may be formed, and these appear to favor the entrance of noxious matter into the liver." Symptoms of these biliary abscesses are the mingling of pus with bile or with biliary concretions; and when the abscess lies immediately beneath the serous membrane the latter is more or less intensely inflamed.

This case fulfilled all the foregoing conditions, and hence the probability is that the cause was in the liver itself and in the quality of the bile which it secreted.

A physiological fact is here worthy of note, namely, the length of time during which a person may continue in apparent good health without a gall bladder—with the bile passing directly from the hepatic ducts into the ductus communis choledochus. This complete petrifaction of the gall bladder must have been a long time developing, for it could not possibly have occurred suddenly. The probability is that it became gradually filled with gall stones, and that these were in time cemented together by a continued secretion of matter similar to the gall stones. I had in my possession once a gall bladder packed full of gall stones—92 in all—and fitted to each other by angles and facets as perfectly as the bones of the wrist or ankle are fitted. A few years longer of life would doubtless have cemented them together into one piece, and then there would have been a condition similar to that which I have brought before you to-day.

EXTIRPATION OF UTERUS.

BY DR. TRENHOLME, MONTREAL.

The patient is 35 years of age, and the mother of five children, the youngest eight months old. Though of a cancerous family, she is of good general health, and all her children are healthy. Her suffering began about four years ago, when uterine pain was first felt. Gradually the distress increased until about four months ago, when it became so severe as to compel her to seek medical advice. Intense pain in hypogastric and iliac regions, uterine hemorrhage and fetid vaginal discharge are the most prominent symptoms. Upon making a vaginal examination the uterus was found freely moveable, and there was no induration of the pelvic tissues perceptible. The os uteri was excavated by an ulcer which had eaten away both lips close up to, but not involving the vaginal attachment. The cavity of the neck was funnel-shaped, the apex of the excavation corresponding to the inner os—depth of uterine cavity $2\frac{3}{4}$ inches. The surface of the ulcer bled freely when touched, and was covered with papilliform vegetations.

As the life of this lady was extremely valuable to her young family, I hesitated to speak of extirpation of the uterus, and yet any other treatment offered but little hope for benefiting her, or lengthening her days. Removal of the diseased tissue by knife or caustic was impossible for the reasons already stated. As the patient was willing to take the risk, I felt free to do the best I could for her and removed the uterus on 15th inst.

The operation was made per vaginam, and there was scarcely any loss of blood. After cutting into the posterior *cul-de-sac*, the womb was brought backward and outside the vulva and the vaginal detachment was made segment by segment, each portion being well ligated before dividing it with the scissors. I claim that the operation was a surgical and scientific one, barring a slight incision into the bladder, the result of trying to keep too well clear of the diseased os on the left side—the wound in the bladder was closed by a single suture of shoemaker's thread. The vault in the vagina was closed by four sutures of the same material, and a bulbous drainage tube was left protruding through the wound and concealed in the vagina. The patient stood the operation well, and for two days the bladder gave no trouble—then urine found its way by the side of the drainage tube into the vagina, and as the catheter was causing some vesical irritation, and no urine passed through it, it was removed. For three days the urine gave great pain, when once more it accumulated in the bladder, and she was able to retain it until it accumulated to the extent of an ounce or more—when she passed it herself.

For the last 10 days there has been no flow through the wound, and her bladder difficulty, and in fact almost all her sufferings, have ceased. On the second day her temperature ran up to 101, and her pulse to 108. Since the fifth day both pulse and temperature have been almost normal, and for the last week quite normal. On the seventh day the patient, without permission, sat on the edge of her bed for a rest. She eats freely, sleeps well, has very little pain, and except for a

slight discharge of pus and the occasional escape of a ligature, she appears quite well.

On 16th June a number of the ligatures protruding into the vagina were removed. From this time onward she has been able to take the charge of her house and enjoys goood health.

Correspondence.

UNPROFESSIONAL CONDUCT.

To the Editor of THE CANADA LANCET.

SIR,—Would you kindly express your opinion of the following through the columns of the LANCET:

CASE No. I.—A medical man of many years standing in this town, whom we shall call No. 1, was attending a sick child. The father, without informing Dr. No. 1, called in a young doctor who had lately come to town, whom we shall call No. 2, who knowing all the facts of the case, unceremoniously took the case out of the hands of doctor No. 1, and neither he nor the father of the child, ever informed No. 1 that he has been discarded, but leaves him to find this out from the neighbors.

CASE No. II.—Doctor No. 1 had a patient who came to his office for examination and treatment. Doctor No. 2 sends two distinct messages to the patient's home, asking the parents to bring their boy to his office, and he would call in doctor No. 3, a retired physician, and they would treat their boy. The parents disregarded the first request, but told doctor No. 1 that the message had been sent by No. 2. No. 2 perseveres and sends a second message, and this time succeeds. The boy is taken to No. 2, and he calls in No. 3, and between them they retain and treat the case. These medical men all met lately at the January meeting of the Med. Ass'n in this town. Numbers 1 and 2, are members in full standing, who have had no personal quarrel whatever. No. 3, is not a member. This seems to be No. One's way of doing business—as report says he followed the same practice in the place from which he came. Is it right? Is this the way to build up a practice? What means should be taken to prevent such conduct? Is it right to ask another doctor's patients on the street to come into your office for examination, and to ask other doctor's families to patronize you—as our friend has done? Is it not lowering the character and standing of our noble profession?

Yours, etc.,

Huron, May 12th. MEDICO.

[It is to be regretted that "regulars" in the profession sometimes stoop to such practices as are given above, for the purpose of gaining a foothold in a community. While we know that the *vox populi* is not always to be trusted, we still believe that the sense of right, governing any intelligent community, will relegate such practice where it belongs, and that No. 2 will ere long reap the reward of such underhand dealings. It would appear that no steps can be taken to punish such offenders, and we would suggest a severe letting alone by his medical brethren, as perhaps the best means of bringing No. 2 to his sense of right in such matters.]—ED. LANCET.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The sixth annual meeting of the Ontario Medical Association was held in the Normal School buildings, Toronto, on the 2nd and 3rd ult.; Dr. Tye, Chatham, president, occupied the chair, with Dr. Anrott, London; Dr. Temple, Toronto; Dr. Hillary, Aurora, and Dr. Henderson, Kingston, the vice-presidents around him. There was a large attendance present. The Secretary, Dr. J. E. White, Toronto, read the minutes of the previous year's meeting, which were confirmed. Drs. Cronyn and Tremaine, of Buffalo, Dr. Moore, of Rochester, President of the N. Y. State Medical Society, Dr. Manton, of Detroit, and Drs. Ross, Trenholme, and Rogers of Montreal were introduced as guests. Dr. Moore took occasion to utter a few words of congratulation to the profession on the high standing it has attained in this country, and to bid them beware of quackery. After a few remarks by the other guests the President delivered his address, which was received with marked interest and attention. After returning thanks for the honor conferred upon him by his election to the chair, he pointed out the advantages to be derived by the profession from such an association as this. In the great centres of medical learning the scalpel and the microscope have opened new worlds for them to conquer, and those who expect

to do much will accomplish much. Then there were the social benefits to be derived from these meetings. The profession in this province, he went on to say, is now in a very satisfactory state. Peace, harmony and progress happily characterize it. The status of the profession is immeasurably above what it was only twenty years ago. They were all proud of what had been achieved, and though they were thankful they did not desire to rest, but to steadily advance. They lived not for to-day alone, but for the days of their children also. It was their duty and their pleasure to place the society on a broader basis, to make it more thoroughly useful and to make it embrace a large number of their fellows. He suggested that efforts should be made to organize a larger number of local societies in affiliation with the association. Such societies would consolidate the profession and greatly augment the Provincial Association meeting in numbers and in useful work. He thought the changes made two years ago at Hamilton had proved satisfactory. But while providing for their own internal economy and growth, they could not forget that they had much other work to do. It was a source of much pleasure and gratification that our system of medical education is already so complete and that our graduates are second to none. There was, however, abundance of time and ability to reach still higher grades, and it was a matter of deep regret that the colleges graduate in three terms, and that our anomalous medical relations with the Mother Country oblige our council to accept three years. This matter might engage the attention of the association. It was the duty of that association to watch well the course of medical education, to suggests improvements and to let them be known for the guidance of those in authority. A standing committee representing all parts of the province, and comprised of active, well-educated men, should be appointed to carefully watch medical education, gather facts and report their conclusions. Thus the association would be the guardian and director of medical education. The University of Toronto had with liberality and wisdom opened its portals, so that students may go there for degrees without hindrance, and it bids fair to produce a majority of the best men in the future. He suggested also the appointment of a special committee on legislation to aid in procuring legislation necessary for self-improvement. He believed the profession should be more largely represented in legislative halls, so that they might find assistance when required, for they were not without enemies, and self-preservation must not be overlooked. Late efforts to obtain legislation showed how weak the profession is in this respect. It was most lamentable that men holding lisense to practice an honorable profession degrade themselves to the lowest condition by misrepresentation and falsehood, preying upon the superstition of the ignorant and the fears of the feeble. They obtain money under false pretences, and yet are not amenable to punishment. These were registered side by side with the most honorable men, and paraded that fact to prove a character. There was no legal distinction, and none could be made as the law stands. "We are ashamed of our company," the president said, "and pray for separation." He urged the inauguration of a system of collective investigation of preventible disease. This was a work for the State, and for the whole people. He concluded with these words :—"Should harmony still reign supreme in our young association as it has done hitherto, it should progress onward and upward, achieving a rich harvest in the future, and it shall become a pillar in the temple of the history of our country to represent the power and the glory of the profession."

Dr. Gibson and Dr. Yonkers. of Belleville, presented two patients suffering from hæmaturia, and gave detailed histories of their cases. Unfortunately, after all the trouble which these gentlemen had taken to bring these patients to the city from a considerable distance, no discussion took place and other business proceeded, the President ruling that the time allowed for the opening of such discussion had elapsed.

Dr. Atherton, Toronto, opened the discussion on fractures of the thigh by reading a paper on ordinary fractures. He concluded by emphasizing the

A long discussion followed, taken part in by Drs. Oldright, MacFarlane, Ferguson, Powell, Moore, (Rochester), Tremaine (Buffalo), Carson, J. H. Richardson and McCrae.

Dr. Campbell (Seaforth), gave the history of two cases of placenta previa, and detailed his treatment.

Drs. Stanbury, Temple, Trenholme, Davison, and Canniff took part in the discussion which followed.

Dr. W. H. Henderson, (Kingston), read a paper on a case of glio sarcoma, involving the pituitary body, which had come under his notice in the Kingston hospital.

A discussion on pneumonia was opened by Dr. Gillies, of Teeswater, who read a paper on the subject. He pointed out that this disease stands fourth in the list of most fatal diseases according to returns of the Registrar-General of Ontario. He dealt with the disease and its treatment.

Dr. Geikie followed, and spoke also on its treatment.

Drs. Canniff, Smith (Seaforth), J. E. Graham, Clark (Walkerton), and Ross (Montreal), then spoke, the treatment being the main point of discussion.

Dr. McKeough (Chatham), read a paper on "The Influence of Malaria and Quinine on Pregnant Women."

Dr. Howe, of Buffalo, made a short address, and exhibited a simple apparatus to show that practitioners can with ease cultivate bacteria and and test the antiseptic power of preparations.

Dr. Teskey followed with a few remarks, showing the very great care which is necessary in making such experiments.

On the morning of the second day the Secretary read a telegram received in reply to the one which had been forwarded to the Ohio Medical Society, then in session at Akron.

Telegrams from Dr. E. W. Jenks, Detroit, and Dr. W. H. Hingston, Montreal, were read regretting inability to accept the invitation extended to them to attend the meeting.

The consideration of albuminuria was then taken up. Dr. Eccles, of London, opened the subject, which was discussed by Drs. Macdonald, Brouse, A. H. Wright, Rosebrugh (Hamilton), Temple, Ferguson, Harrison, Mitchell and Moore (Rochester). The last named gentleman spoke at length, and gave the history of many cases which had come under his care. His address was listened to with close attention, it being full of valuable information, and presented in an interesting manner.

Dr. McKinnon, of Guelph, read a paper giving the details of four cases of ovariotomy.

On the opening of the afternoon session of the second day, Dr. Arnott of London took the chair, The President, Dr. Tye, being obliged to leave the city.

Dr. W. H. Aikins exhibited a form of splint for use in fractures of the humures. It was of simple form, being a piece of hoop iron, about twenty-eight inches in length, with ends turned, one end to be placed under the elbow, and the other to rest on the shoulder.

Dr. Dupuis of Kingston read a paper on "Multiple Hepatic Abscess," showing specimens of gall stones, also notes of a case of congenital malformation of the rectum and anus, the specimens being exhibited at the same time.

Dr. McFarlane, Toronto, gave an address on diphtheritic croup. He had had many cases under his care during the late epidemic of the disease in Toronto. The conclusion he had arrived at was that no hard and fast line could be laid down for the treatment of all cases. He objected to tracheotomy in true diphtheria.

Dr. McDonagh, Toronto, read a paper on "The indentity of croup and diphthera," in which he expressed the opinion that membranous croup and laryngeal diphtheria are the same.

Dr. Cronyn, Buffalo, gave details of an attack of diphtheria, in his own person, to show that local applications are of no use. He thought the fact that the disease is one of septic poisoning was often overlooked. The disease was constitutional. He was opposed to tracheotomy.

The discussion was continued by Drs. Aikins, Curry, of Minden, Ruttan, Palmer, McPhedran, Macdonald, of Hamilton, and Atherton, the main point receiving attention being the expediency or otherwise of the operation of tracheotomy.

Dr. Macdonald, Hamilton, presented the report of the committee on nominations as follows:

President—Dr. J. H. Richardson, Toronto; First Vice-President—Dr. Harrison, Selkirk; Second Vice-President—Dr. Brouse, Brockville; Third Vice-President—Dr. Moorhouse, London; Fourth Vice-President—Dr. Ayelsworth, Collingwood; First Corresponding Secretary—Dr. Fraser, Sarnia; Second—Dr. Harris, Brantford; Third—Dr. Aikeman, Collingwood; Fourth—Dr. Gibson, Belleville; General Secretary—Dr. J. E. White, Toronto; Treasurer—Dr. W. A. Powell, Toronto; *vice* Dr. Graham, who resigned owing to his time being otherwise fully occupied.

Additions were recommended to be made to the committees as follows, one member being dropped from each:—Credentials—Dr. Pyne, Toronto.

Legislation—Dr. Jett, Guelph. Public Health—Dr. Bryce, Toronto Publication—Dr. A. A. Macdonald, Toronto. By-Laws—Dr. A. M. Roseburgh, Toronto, and Dr. Gillies, Teeswater. Ethics—Dr. Oldright, Toronto.

The committee recommended Toronto as the next place of meeting.

The report was adopted.

"Diseases of the Eye in Pregnant Women," by Dr. Palmer; "Secondary Puerperal Hemorrhage," by Dr A. H. Wright," followed.

Dr. Covernton then read a paper on "Intimate Relation of General Public, Medical Profession and Local Boards of Health with Practical Sanitation."

At the opening of the Evening Session, Dr. Temple presiding, Dr. Oldright opened a discussion on Colles' fracture, giving a few points on the subject.

Dr. Moore gave a detailed account of his mode of treating Colles' fracture. His method is to place a small rool under the wrist, bind adhesive plaster round it, and place the arm in a sling, allowing the hand to hang down. The explanation was given in the doctor's lucid manner, and was listened to with close attention. The operation was illustrated on the arm of one of the doctors present.

Dr. Cameron moved, seconded by Dr. Jones, a cordial vote of thanks to Dr. Moore for his kindness in remaining over to explain his method.

The motion was heartily adopted and presented to Dr. Moore, who replied briefly.

ETHICS.

A report of the Committee on Ethics was presented. It recommended for revision the code proposed by Percival in 1807, which forms the basis of the American code adopted in 1847.

Dr. Mullin stated that he, a member of the committee, had not been consulted in regard to the report.

The report, being irregular, was therefore tabled.

Dr. McFarlane expressed dissatisfaction because the committee had not dealt with the matter of consultation with irregular practitioners.

After some discussion, the following committee was appointed, on motion of Dr. McFarlane, to report next year:—Drs. Graham, Sheard, Mullin, Temple, Cameron, Burns, White, O'Reilly and the mover.

On motion of Dr. Graham, the report of this committee was made the first order for the second morning of the next annual meeting.

Dr. Henderson gave notice of a motion for the appointment of a committee to consider the formation of a defence union, for the purpose of defending actions for malpractice.

Dr. Richardson, the newly elected president, then took the chair and returned thanks for his election. He appreciated the honor very highly, particularly as it had been altogether unexpected.

ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council was held in Toronto on the 8th, 9th; 10th, and 11th ult. Dr. Bergin, M. P., Cornwall, president, occupied the chair, and the following answered to their names:—Dr. Bray, Chatham; Dr. Buchan, Toronto; Dr. Burns, Toronto; Dr. Cranston, Arnprior; Dr. Day, Trenton; Dr. Edwards, London; Dr. Fenwick, London; Dr. Fowler, Kingston; Dr. Geikie, Toronto; Dr. Harris, Brantford; Dr. Henderson, Strathroy; Dr. Henry, Orangeville; Dr. Logan, Ottawa; Dr. Moore, Brockville; Dr. Orr, Maple; Dr. Philips, Brantford; Dr. Roseburgh, Hamilton; Dr. Russell, Burbank; Dr. Ruttan, Napanee; Dr. Williams, Ingersoll; Dr. Wright, Toronto; Dr. Campbell, London; Dr. Grant, Ottawa; Dr. Husband, Hamilton; Dr. Vernon, Hamilton.

After the president's address, the following officers were elected for the ensuing year:—

President—Dr. H. H. Wright, Toronto; Vice-President—Dr. Henderson, London; Registrar and Secretary—Dr. Pyne, Toronto; Treasurer—Dr. W. T. Aikins, Toronto; Solicitor—B. B. Osler, Q.C.

On the motion of Dr. Geikie, seconded by Dr. Fowler a resolution, expressing a sense of the loss sustained by the Council in the death of Dr. R. Douglas late representative of the Saugeen and Brock Electral Division, and also tendering to the friends of the deceased the sympathy of the Council, was agreed to.

The standing committees were then struck as follows:—

Registration—Drs. Roseburgh, Fenwick, Orr, Russell, Campbell and Bergin.

Rules and Regulations—Drs. Day, Burns, Campbell, Fowler and Williams.

Finance—Drs. Edwards, Henderson, Philip, Russell and Ruttan.

Printing—Drs. Burns, Buchan, Vernon, Moore, and Henry.

Education—Drs. Grant, Buchan, Bray, Burns, Cranston, Day, Edwards, Fenwick, Fowler, Geikie, Harris, Husband, Logan, Moore, Williams and Bergin.

Executive—Drs. Wright, Henderson, and Roseburgh.

June 9th.

The Council met at 10 a.m. Dr. H. H. Wright, in the chair.

Dr. Williams gave notice of motion to revise the regulations affecting the appointment of examiners. The Building Committee reported that they had received no offers for the purchase of the Council building. They recommended that new and more suitable quarters be erected. This report was considered in Committee of the Whole and referred back to the committee for further suggestions. At the afternoon session the council appointed a Building Committee composed of Drs. Cranston, Day, Henderson, Bray, Wright, Burns, Buchan and Geikie. Mr. Grote, barrister, addressed the council on behalf of a gentleman seeking registration out of the ordinary course. The council then adjourned.

June 10th.

Council met at 10 a.m., Dr. H. H. Wright, President, in the chair.

The report of the Finance Committee was presented and adopted. It stated that the finances of the council were in a very satisfactory condition, and that after paying the mortgage on the building and ground a balance remained on hand of $3,184.15. The liabilities were $2,012.69, and the assets $35,684.15.

Dr. Campbell moved a resolution to the effect that the council desires to protest against the provisions of the British Medical Act under which licentiates of medicine of Great Britain are allowed to practice in the Province without completing the curriculum adopted by this council.

The resolution was carried after some discussion.

The retiring president's address was now discussed. Dr. Grant leading in a powerful speech in which some of the utterances made by Dr. Bergin were sharply criticised. Dr. Edwards, Burns and others followed, and Drs. Edwards, Grant and Logan were appointed a committee to report on the retiring president's address.

Dr. Day moved, That in view of the peculiar position in which this Council is placed, in consequence of the present medical legislation in Great Britain, Drs. Grant, Logan and Geikie, members of the Council, be authorized when in England to take such measures as will be most likely to remove the disability of this Council in reference to the conditions under which members of the profession will be admitted to registration.

The motion was carried.

Dr. Grant presented the report of the special committee on the ex-president's address as follows:—

1. With reference to the published statement in the presidential address, "That matters had now taken such a shape that it was a question whether the college really is of service to the medical profession of Ontario," and "that he feared the college had not accomplished the purpose for which it was established," your committee are of opinion the college has accomplished a good work in formulating a line of medical education in keeping with the scientific advancement of the age, and one which now merits the approval of the profession and the teaching bodies.

2. That a central examining body now exists for all the medical students desiring to practice medicine and surgery in Ontario, that every care and discretion is now exercised in granting licenses to practice the profession, such as did not exist prior to the introduction of our present Medical Act and the formation of this council.

3. We are of opinion the council has thus far accomplished a good work and merits both professional and public support.

4. As to increased clinical instruction, we are of opinion such might be very judiciously carried into effect.

5. As to British legislation, we are of opinion that the growing requirements of medical education in Ontario will meet shortly with the cordial support of the Home Government.

6. They regret the absence of the past president, inasmuch as they feel satisfied he would have so qualified his address as to remove the erroneous impression which might be conveyed as to the usefulness of the Medical Council of Ontario.

The council resolved itself into Committee of the Whole on the report, Dr. Bray in the chair.

After considerable discussion by Drs. Bray, Geikie, Ruttan, Grant, and others, the report was adopted, and the registrar was instructed to forward a copy to Dr. Bergin.

June 11th.—Council met at 10 a.m.

Dr. Bray moved, seconded by Dr. Henderson, "That the present building committee with the addition of Dr. Aikins and the treasurer be appointed to take action and go on at once with the new building according to the plans presented to this Council, with such modifications as may be

deemed necessary, with power to raise the necessary funds in such a way as may be desirable." Carried.

The committee as constituted consists of Drs. Burns, H. H. Wright, Buchan, Geikie, Bray, Day, Henderson, Cranston and Aikins.

Dr. Orr moved, "That the territorial representatives be increased to twenty-four, and that the Legislative Committee be instructed to obtain the necessary legislation." He said that in supporting the motion that the change would do much to extend the interest in the council, while the representatives, by reducing the area of their divisions, would be within easy distance of their constituents.

The motion was referred to the Legislative Committee.

Dr. Day presented the report of the Legislative Committee, stating that the amendments to the Medical Act sought by the council had been introduced at the last session of the Legislature and read the first time, but owing to the lateness of the time when considered the further stages had not been taken. The bill was not likely to have any opposition next session.

The report was adopted.

Dr. Harris moved, that Drs. Grant and Geikie be hereby appointed representatives from the council to the British Medical Association which meets in England in August next." Carried.

A by-law was passed levying a fee of $1 on every member of the College of Physicians and Surgeons of Ontario.

Dr. Edwards moved, "That the council expresses its appreciation of the honor conferred on their body by the election of Dr. Grant as vice-president of Canada to the International Medical Congress." Carried.

The case of H. E. Sheppard, who applies for permission to practice, was referred to the Executive Committee.

The report of the education committee, which was adopted, recommended the appointment of the following Board of Examiners for 1887-8 :—Dr. J. Fulton, Toronto anatomy, descriptive ; Dr. A. S Oliver, Kingston, theory and practice of medicine and therapeuties and general pathology ; J. McArthur, London, midwifery, operative and other than operative, with puerperal and infantile diseases ; Dr. G. A. Tye, Chatham, physiology and histology ; Dr. I. H. Cameron, Toronto, surgery, operative and other than operative ; Dr. J. H. Wishart, London, medical and surgical anatomy ; Dr. M. Barrett, Toronto, chemistry, theoretical and practical and toxicology ; Dr. McKay, Ingersoll, materia medica, and pharmacy ; Dr. Elliott, Orillia, medical jurisprudence and sanitary science ; Dr. Linton, St. Thomas, homœopathic examiner.

After passing a vote of thanks to the chairman, the council adjourned till the second Tuesday in June, 1887.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting May 4th. Dr. Stark, President, in the chair.

Dr. Malloch exhibited to the Society a strangulated multilocular ovarian cyst, and gave a history of the case which unfortunately proved fatal. When called to the case the patient had been suffering from Friday till Monday morning, and there was general peritonitis : a tense acutely painful tumor was to be felt on the left side of the abdomen, stretching up from the left iliac fossa to near the false ribs. He advised operative interference as the only means offering a chance of life. When the peritoneum was opened masses of thick tenacious jelly-like substance escaped with blood clots. The tumor lay so far to the left that it could only be touched—the wound was then enlarged to five inches : the tumor could not then be brought into view until some of the inflamed and distended bowels had escaped. A trocar was passed into the black tense cyst when brought to the wound but nothing flowed through it. The tumor was then slowly drawn out, and in doing so a cyst upon the anterior and superior surface of the tumor was seen discharging its contents which was similar to what had escaped from the abdominal wound. The pedicle was then untwisted and a ligature applied with the Stafford hire knot and the tumor cut away. The single ligature slipped and had to be replaced by three separate ligatures. Sponge after sponge was then removed, loaded with the jelly-like substance and blood. The patient showed signs of collapse, and washing out of the abdominal cavity could not be done. Some difficulty was experienced in returning the distended bowels. A drainage tube was left in and the wound closed with stitches very closely applied. The patient recovered from the shock, but died in 36 hours, delirious ; temp. in axilia two hours before death 106⅘°. Nothing could be sucked through the drainage tube after the first four hours, so is was removed.

He stated that this was the second case of strangulated ovarian cyst that he had met with, that out of three cases of ovarian or parovian cysts seen in two years, two of them were thus complicated. The first case of strangulated ovar-

ian cyst which was successful he had reported to the Society in 1884.

From this experience one would be inclined to infer that strangulation was not an uncommon event in the history of ovarian disease : this however is not the case as in Mr. Lawson Tait's first 100 ovariotomies he had only once met this complication, and many ovariotomists had never met with this unfortunate complication. This case he thought was peculiarly interesting : it occurred on the left side, whereas by far the greater number of cases are right-sided : to his mind it completely refuted Mr. Lawson Tait's theory with regard to the cause of the twist in the pedicle in these cases. Dr. Malloch's first case was right-sided, direction of twist not noted, but in this case the direction and degree were seen by all present. In general, as he understands it from Mr. Tait's books, the direction of the twist in right-sided cases is from below outwards to the right and then across to the left, and that the direction is given by the infringement of masses of fæces passing down the rectum. In this case the direction of the twist was from the middle to the left, and then round towards the pubis, the rectum being in its normal position. He thought the twist would have been the very reverse were it due to the passage of fæces down a left side rectum. From a diagnostic point the case was interesting as the tumor lay over the descending colon, and did not reach the middle lines, the length of the pedicle could not have been three-quarters of an inch. The patient had been operated on for ovarian disease some 14 years before by Dr. Keith, of Edinburgh. In his first case Dr. Malloch advised an operation to remove tension in the abdominal cavity affected with peritonitis, not knowing that the cyst was strangulated, and he thinks that with symptoms of peritonitis and an abdominal tumor likely at all to be removable an operation is called for.

Dr. A. Woolverton said he thought that if the operation had been performed earlier the patient might have had a better chance of recovery.

Dr. Leslie advanced a theory to account for the twist in the pedicle. He supposed the cyst had first ruptured and set up inflammation and distension of the abdomen, thus causing the twist.

Drs. Phillips, Mackelcan, Shaw and McCargow, made some remarks.

Dr. Hillyer read a medico-legal paper, bearing on a case in his practice, which was freely discussed.

F. E. WOOLVERTON, Secretary,

Selected Articles.

MASSAGE AS A THERAPEUTIC AGENT.

BY WILLIAM MURRELL, M.D., F.R.C.P.

Massage is of such inestimable value in the treatment of many intractable diseases, that it is to be regretted that so little is known about it in this country, and that it is so rarely employed as a therapeutic agent. It is often spoken of as a new method of treatment, but it has been in general use on the continent for a long time, and, more than ten years ago, received the adhesion of Billroth, Langenbeck, Esmarch, and other authorities. In a crude and primitive form, it is very ancient indeed, and is probably as old as surgery itself. Amongst the Greeks and the Romans it was extensively employed, both as a means of hastening convalescence from long tedious illnesses, and to relieve pain, and render supple, bruised or injured joints. The writings of Plato abound in references to this mode of treatment, and its virtues seem to have been very generally recognised.

It is to be feared that there is a certain amount of prejudice against the employment of massage, arising, probably, from the fact that it is frequently confounded with "shampooing" and "medical rubbing;" but it is, in reality, a scientific mode of treatment well worthy of attentive study at the hands of skilled physicians and surgeons. The literature of the subject is extensive, and it would be impossible to give, within the limits of a short article, even an abstract of it. There are several kinds of massage, but the system almost universally adopted in Germany is that associated with the names of Mezger and von Mosengeil. Mezger may be regarded as the father of the modern phase of massage, while Professor von Mosengeil, by his accurate and painstaking experiments, has done much to establish it on a sound scientific basis. Those who have studied under the last named distinguished surgeon, and have had an opportunity of seeing him practise his method, will appreciate the fact that there is much more in it than at first sight appears. It is essential for success that the various processes should be carried out systematically, and in a definite order ; although, of course, the same method of treatment is not applicable to every case. Every "movement" begins and ends with *effleurage*, the palm of the hand, and sometimes the knuckles, being employed for the purpose. It is always centripetal, and is performed with considerable rapidity and force. *Pétrissage* is a more complex process, and is by no means easy to acquire, although it looks simple enough. *Friction* is performed with the tips of the fingers, and is used in conjunction with *effleurage*, chiefly in the treatment of various affections of the joints. This term, which was originally introduced by von Mosengeil, is an unfortunate one, for it has nothing in common with what we ordinarily understand by friction. *Tapotement* is a kind of percussion, and may be performed either with the tips of the fingers, the partially closed hand, or its ulnar or radial border. Mezger rarely employs electrical treatment in conjunction with the manipulative processes, but von Mosengeil attaches much im-

portance to it, and, in suitable cases, uses both the interrupted and constant currents to stimulate the motor points. He dispenses with complex apparatus, and his sessions are of short duration, rarely exceeding five minutes. On the continent, the physician or surgeon is usually his own operator, it being considered inexpedient to employ, even as an assistant, anyone who has not been thoroughly and systematically trained, a process which requires, at least, two years of unremitting attention It is known that, in many instances, incalculable harm has resulted to patients from ill directed efforts, or the selection of unsuitable cases. For the treatment of women and children, an accomplished *masseuse* is essential; but she must be well educated, and should have such a knowledge of anatomy and physiology as will enable her to carry out the instructions of the physician intelligently. It is not at all necessary that she should be physically strong, aptitude being of more importance than mere muscular strength. The hands must be soft; and, if proper precautions be taken, there is never any risk of abrading the skin.

It is no easy matter to say in what class of diseases massage proves most useful. Unfortunately, its employment has been advocated in many cases, for which it is essentially unsuited. Accurate diagnosis is of the utmost importance, and the sphere of usefulness of this remedy, will, with increased experience, become more accurately defined. My best results have been in infantile paralysis; and it was in consequence of the success achieved in certain obstinate cases of this disease, that my attention, as has been elsewhere stated, was directed to the subject. Progress is often slow, but the ultimate results are most satisfactory. The nutrition of the parts is maintained until new cells in the spinal cord take on the functions of those which have undergone degeneration, or have been destroyed. Massage is, undoubtedly, of much value in many cases of obstinate neuralgia, and succeeds admirably in some forms of muscular pain, such, for example, as those described by the late Dr. Inman, under the term "myalgia." There is a general concensus of opinion that it is well adapted for the treatment of chronic joint-affections; and most of those I saw treated by von Mosengeil, were such as would, in this country, be considered incurable, or would drift into the hands of "bone-setters." There are some diseases of internal organs in which it is, undoubtedly, useful. Not long ago, a gentleman, aged 68, came to me complaining of shortness of breath, and increasing disinclination to take exercise. He had been in business, and had led a most active and energetic life. Three or four years ago he retired, and, from that time, experienced a gradual falling off in health. His appetite was poor, his bowels were obstinately confined, and he was nervous and anxious about himself. He was found to have a loud apex systolic murmur, and the heart's action was weak and irregular. I suggested massage, which was carried out systematically four days a week, for a period of six weeks. He improved from the very first, and, before the conclusion of the course, was better than he had been for many months. His appetite returned; his hands and feet were warmer; the bowels became regular; he slept well at night; and his spirits improved in a most satisfactory manner. In other cases of obstinate constipation, especially in women, I have known massage of the abdomen do a great deal of good.

In a well-known group of symptoms from which women frequently suffer, massage is essentially useful. I recently saw a lady, aged 45, or thereabouts, a professional singer, who was laboring under the impression that she was going mad. She was so nervous that she was quite unable to accept an engagement, although she had been constantly before the public, and had hardly missed a night for twenty years. She told me that she felt she was not to be trusted, and that, if left alone, she would do herself or her children an injury. She was afraid to go near an open window, so great was the temptation to throw herself out; and she even begged that the knives might be removed from the table at dinner. These feelings were greatly intensified after each monthly period, and she insisted that she was suffering from cancer, or some organic disease of the stomach or womb. She was restless at night, and would often get up in the early morning, and walk for hours, until thoroughly exhausted. She was given full doses of the bromides—a drachm, or more, four times a day—but with only temporary benefit. Massage was then tried; and it seemed, to use her own expression, to soothe her, and calm her, and make her forget her troubles. The case was a prolonged one, but now, at the expiration of three months, she is much better, and will soon be able to resume her professional duties. In several other cases of restlessness and inability to sleep, the same method of treatment has proved efficacious.

Dr. Graham, of New York, speaks highly of massage in the treatment of neurasthenia. He uses it for those "who, in spite of rest, change and medication, have become chronic neurasthenics, the result of business reverses, over-work, worry, loss of relatives, disappointed hopes, or as a sequel of some affection that has existed in some part of the system, but which has recovered or has become of secondary importance." These symptoms may be somewhat ill-defined; but, I have certainly found massage of the greatest use in what, for want of a better name, has been called "spinal nervous weakness," or "neurasthenia spinalis."

In the treatment of corpulence associated with constipation, massage is of much value. Some months ago I saw a lady, aged 38, who, as the result of much good living and little exercise, had

become inordinately stout. She was very short of breath, and was disinclined for exertion of any kind. She had been fond of literary pursuits, but even those had lost their charm, and were irksome to her. She was extremely irritable, and a source of trouble and anxiety to her friends and relatives. Massage was prescribed, and in two months she lost a stone and a half in weight, and improved notably in other respects.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged 19, who suffered intensely at each monthly period, the pain being so severe, that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases, in detail. In the convalescence from acute illnesses, this mode of treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.—*Brit. Med. Jour.*

CONTRIBUTIONS TO PRACTICAL SURGERY.

BY PROF. JOHN CHIENE, ED.

Hæmorrhoids. The presence of internal hæmorrhoids is local evidence of a general congestion of the portal system, and only when there is great local discomfort, and after every endeavour has been made to improve the general condition of the patient by medicinal treatment, should operative procedure be undertaken. There is great difference of opinion as to the best method of treating internal piles when operation is necessary. If the ligature is used it should be soaked in a solution of chloride of zinc, 40 grs. to the ounce. It must be tied tightly, completely strangulating the pile. If the ligature is tied loosely, acute inflammation followed by gangrene is the result. Injection of 10 drops of a 4% solution of cocaine into the base of the pile before applying the ligature greatly relieves the pain. If the pile be pedunculated, its base may be constricted by simply passing the ligature round it and tying it tightly. If the pile is sessile, its base should be transfixed with a curved needle carrying a double thread, each ligature being tightly tied so as to constrict ½ of the base. If the base of the pile is close to the opening of the anus, the division of the mucous membrane at the verge of the anus with scissors before tying the pile assists the more effectual application of the ligature and greatly lessens after discomfort. If there is more than one pile, each must be attacked separately in this way. The ligatures being cut short, the strangulated masses are then pushed back, and a ½ grain morphia suppository introduced into the cavity of the rectum. The patient's bowels should have been thoroughly emptied before operation. The diet should be very light after the operation, and it is not necessary that the patient's bowels be moved until the third or fourth day. This is best done by the administration of castor oil by the mouth, and the discomfort felt during the movement of the bowels is greatly alleviated by the injection of 4 oz. of olive oil. Many patients suffer from retention of urine after this and other operations on the rectum, and it is therefore necessary to see the patient on the evening of the operation, and if he has not made water, a red rubber instrument must be introduced to evacuate the contents of the bladder. The use of the clamp and cautery has to a certain extent displaced the use of the ligature, but in the opinion of the writer the ligature, if properly applied, is as efficient as the cautery, and is less likely to be followed by hæmorrhage. Never operate in a case of internal piles without having first satisfied yourself that the patient is not suffering from cancer of the rectum. External piles are to be treated by removal with a pair of curved scissors, the cut surface being touched with a solution of chloride of zinc, 40 grs. to the ounce.

A patient may consult you, complaining of having felt a sharp, cutting pain during the passage of a hard fæcal mass. Visual examination of the anus will at once indicate what has happened. A small tumor of a bluish color is seen at the opening of the anus, where the skin and mucous membrane meet. A submucous vessel has given way, and the extravasated blood clots. This condition may be treated by fomentations and rest. After a time the clot will be absorbed, but the process is a slow one, and it is better to transfix the mass with a sharp-pointed, curved bistoury—the clot being squeezed out and the cavity touched with chloride of zinc, 40 grs. to the ounce.

Fissure. The pain in fissure is of a two-fold character: a sharp, cutting pain felt during movement of the bowels, and a throbbing persistent uneasiness coming on after the bowels are moved, and lasting for a variable period. The primary pain is due to the stretching of the part. The persistent after-pain is due to spasmodic contractions of the sphincter The base of the fisure consists of muscular tissue, and free division of this muscular base relieves the symptoms, gives the part rest, and allows the ulcer to heal. Injection of cocaine into the tissue forming the base of the ulcer renders the operation painless. The division of the base of the fissure, however, does not always give relief, and in a severe case of fissure it is more satisfactory to place the patient deeply under chloroform, to introduce the thumbs within the anus and forcibly to stretch the sphincter, dividing at the same time the base of the fissure. Introduce a morphia sup-

pository after the operation, and prevent movement of the bowels for three or four days.

Division of the base of the fissure is very frequently done by introducing the finger into the anus, and then, with the finger as a guide to the upper extremity of the fissure, a sharp pointed curved bistoury is introduced at the side of the anus and carried through the base of the fissure up to the point of the finger. This method of performing the operation is dangerous, and surgeons have been attacked with syphilis in consequence of pricking the finger with the point of the bistoury. The safer plan is to lay a straight blunt pointed bistoury flat upon the finger, to introduce the finger with the bistoury in position, to feel for the upper extremity of the fissure, and then to turn the sharp edge of the bistoury towards the ulcer, the back of the bistoury lying on the finger. The knife is then carried through the base of the fissure by the pressure of the finger. The bistoury to be used, though probe pointed, must have a cutting edge to its extremity.

Prolapsus Recti in the child is very often a symptom of stone in the bladder. The child may be brought to you with the prolapse down for some time. It may be reduced by manual pressure, but the simplest way to reduce it is by elastic pressure with a T shaped bandage, placing a pad of cotton wool between the bandage and the prolapse. In elderly people, prolapse of the rectum is generally due to chronic relaxation of the sphincter ani, and levator ani muscles. The removal of the redundant skin around the dilated anus may assist in keeping up the prolapse. Special instruments are made for preventing its descent, but the most efficacious method is a double T bandage, with two vertical limbs, each one attached, both in front and behind, to a firm pelvic band, and crossing in the perineum over the anus. At the point where they cross, a pad of lint is interposed between the bandage and the anus.

Fistula in Ano The most satisfactory way to divide a complete fistula is to pass a probe from the external opening along the sinus, through the internal opening, and then by bending the probe to bring its point out at the anus. The probe is then cut out, and the septum is in this way completely divided. There is a grove in the probe which acts as a guide to the knife. Care must be taken in the after treatment by stuffing the wound, to cause it to heal from the deepest parts towards the surface.

Bladder. Chronic cystitis is one of the most troublesome affections that the surgeon is called upon to treat. The primary cause is often due to the introduction of organisms with an unclean instrument, and therefore in all cases in which, by the presence of increased quantities of mucus or of pus in the urine, along with frequency of micturition, a diagnosis of cystitis is made, the urine should be carefully examined for the presence of organisms. If they are present, corrosive sublimate should be administered internally in small doses, and the bladder should be washed out with antiseptic solutions. No rule can be laid down as to the special antiseptic to be used. The great point to attend to is that the bladder be repeatedly filled and emptied until the fluid escapes free from all sediment. The best way to wash out the bladder is to introduce a red rubber catheter with a "velvet eye," and to attach to this a T tube of glass. To the vertical branch of the T an india-rubber tube four feet long is fixed, and is passed into a vessel containing the fluid to be injected. This fluid should be tepid and contain an antiseptic. To the horizontal limb of the T another piece of tubing is attached, in order to carry the fluid from the bladder. The outlet tube being pressed with the finger and thumb, the vessel connected with the inlet tube is raised, and the fluid is allowed to flow into the bladder until the patient feels slight discomfort. The inlet tube is now grasped with the finger and thumb and the fluid is allowed to escape by the outlet tube. This is repeated again and again until the bladder is thoroughly cleansed. In many intractable cases this method of treatment is not sufficient, because the bladder is an organ which is never at rest. When it is inflamed from any cause, its diastole and systole, instead of being repeated three or four times within the 24 hours, takes place much more frequently. In such cases it will be necessary to give the bladder rest, either by bladder drainage, according to the method recommended in the MED. ABS., p. 4, 1881; or should this plan fail, as it may do if there is much mucus which plugs the tube, the membranous urethra must then be opened on a grooved staff, and a tube introduced into the bladder through the wound, which allows the urine constantly to drain away as it escapes from the ureters. The tube introduced should be as large as possible to prevent any risk of blocking, and the bladder should be washed out through this tube, so as to clear away any mucus which may collect at the floor of the bladder. Such a tube may be kept in for a fortnight without risk of a persistent fistula remaining.

Hypertrophy of the Prostate. If a patient says he has to rise at night to make water, and that he makes water during the day with increased frequency, always be suspicious that he is not emptying his bladder completely. He makes only the overflow from a distended viscus. When there is a tendency to obstruction of the flow of the urine in consequence of hypertrophy of the prostate, there is little doubt that the occassional passage of a large-sized bougie is of value in keeping the channel patent.

Stricture of the Urethra. Organic stricture of the urethra is caused either by an injury to the urethra or by gonorrhœa. After a gonorrhœa

passes into a persistent gleet, the source of the discharge is generally from the urethra, in the neighborhood of the triangular ligament. This is the common situation of stricture. The patient may be brought under your notice for the first time suffering from retention of urine, or he may come complaining of a decrease in the size of the stream. The contraction of the urethra is so very gradual, that the stream may become of very small size before it attracts the notice of the patient. No method of relieving stricture is permanent, and after the urethra is restored to its normal calibre, the patient must always be informed that the occasional passage of an instrument during the remainder of his life is the only certain way of preventing a recurrence of the condition. In uncomplicated cases of stricture the treatment by gradual dilatation is the surest and safest method. In anterior strictures internal division may be adopted; in posterior strictures at the triangular ligament, if the stricture is of a resilient character, with great tendency to rapid recurrence, Holt's method may be used. If there is much perineal induration, more especially if it is complicated with perineal fistulæ, external division is the best remedy. These three latter ways of treating stricture are only to be used in exceptional cases. The great majority of cases of stricture should be treated by gradual dilatation. This can be done in two distinct ways. If the patient can keep his bed, a gum elastic catheter is passed through the stricture into the bladder. The size of the instrument will depend upon the size of the structure. If, for example, a No. 2 is passed, and is not tightly grasped at the strictured part, a No. 3 is passed. This may also pass easily, and not be grasped. If so, a larger instrument must be introduced. If, however, it is grasped, it is fixed to the penis with a piece of sticking plaster. During the first few hours the urine flows through the instrument, but on the following day, when the patient makes water, the urine escapes along the outside of the instrument. The instrument is now loose. By its pressure it has caused absorption of the inflammatory lymph or fibrous tissue under the mucous membrane. A larger sized instrument is then passed. It in its turn is grasped and gradually the process being repeated, a No. 12 is at last reached. The rapidity with which this point is arrived at will vary, but, as a rule, in uncomplicated cases it is generally found that each day represents a number in the size of the instruments, and in from ten days to a fortnight the urethra is dilated to its normal calibre It is well not to stop at No. 12, but to go on to No. 14. This method of treatment requires constant confinement to bed.

The other method of treatment is intermittent. The stricture is gauged with a bougie. Let us suppose that a No. 3 can be passed. The result of the passage of this instrument will probably be slight decrease in the size of the stream on the following day. On the third day there will be improvement; on the fourth day a No. 3 can be passed with ease. A No. 4 is then passed, and perhaps even a No. 5 can be passed The great point to attend to is not to attempt too much at each time, but to be satisfied with the passage of one or two instruments of a larger size than the one that was previously passed. Gradually by this method the full size is reached. If the patient can keep his bed during the cure, the instruments may be passed every third or fourth day. If the patient is going about, an interval of a week between the passage of the instruments is preferable. There is much difference of opinion as to the best form of bougie to use. Many surgeons use the French bulbous-pointed flexible bougies. Other surgeons use a metallic instrument—either the cylindrical bougie with a rounded point and of equal calibre throughout, or a solid metallic instrument with a bulbous point and gradually increasing from the neck, so as to be more or less of a wedge shape. The writer prefers the metallic instruments, and if the bulbous-pointed metallic instruments are used, care must be taken not to exert any force in passing the bougie, because its wedge shape, especially as this is very gradual, greatly increases its power, and, in fact, it may be used forcibly to distend the structure. If used in this way, it does not act in the same way as the old cylindrical bougie, which is intended simply to set up a slight irritation, and cause absorption of the fibrous tissue. If the wedge-shaped bougie is used, it may not only do this, but may mechanically stretch the strictured part, and to a certain extent approach in principle to other mechanical means used.

Retention of Urine. (*a*) Retention may occur after an operation, such as ligature of internal piles. In this case the condition is a purly reflex one, and is easily relieved by the use of a large sized red rubber instrument, thoroughly purified by injecting through it a weak solution of corrosive sublimate, and anointed with a weak antiseptic oil, *e.g.*, vaseline mixed with oil of eucalyptus, half a drachm of the latter to an ounce of the former.

(*b.*) Retention of urine may also occur as a complication in an accute gonorrhœa. This is rare if the urethra has previously been perfectly healthy. In such cases there is a combination of acute inflammation with spasm, and every endeavour ought to be made to relieve the condition by the use of hip-baths, hot fomentations, large doses of bromide of potassium, and morphia suppositories. An instrument should only be used when these fail. A flexible instrument will not do; and a metallic instrument, which should be of large size, is necessary. The catheter should be thoroughly purified by passing through it a stream of 1 to 20 carbolic lotion; and the form of metallic catheter most

easily kept pure is that in which the portion between the eye and the point of the instrument is solid, instead of forming a little cul-de-sac, which is often very difficult to cleanse thoroughly. The spasm is overcome by gentle steady pressure. Even with the greatest gentleness there is often severe pain, and the injection of a drachm of a 4% solution of cocaine gives great relief.

(*c*) Retention of the urine may also occur in consequence of the superaddition of an acute inflammation, with spasm, to an old standing organic stricture. Here, again, the hip-bath, with the other means above recommended, should always be tried in the first instance before attempting to pass instruments; and if the surgeon has no previous knowledge of the case, and is unacquainted with the size of the organic stricture, he should not at once use a small instrument but begin with a No. 6 or No. 7; and if he fails to pass this, he may then try smaller instruments. The smaller the instrument the greater the risk of laceration of the mucous membrane of the urethra. If after a fair trial with instruments, he fails to relieve the retention, he should aspirate above the pubis, continue the use of fomentations and sedatives, and on the following day he will find either that the retention is relieved, or that he is now able to pass an instrument along the urethra into the bladder. This use of aspiration is of value. Repeated aspiration in bad cases of stricture with retention are not, however, to be recommended. In such cases there is a tight stricture, and it is best here to pass a large sized instrument down to the stricture, and the patient being tied up in the lithotomy position, to cut down on the middle line on the point of the instrument, to open the urethra, and, using a fine grooved probe, to search for the stricture; and, pass the probe along it, to divide the stricture with a narrow knife, passed along the groove in the probe. A full-sized gum elastic catheter is then tied into the bladder.

The tolerance of instrumental interference with the urethra varies very greatly in different people, and it should be a rule in practice, in cases in which the surgeon is entirely ignorant of the sensitiveness of the patient, not to pass an instrument, for the first time, in any circumstances in which the patient may be exposed to wet or cold. Before the passage of an instrument, it is well to administer 5 grains of quinine, or some of the more recently introduced antipyretics, *e.g.*, kairin or antipyrin. These remedies have an undoubted value in checking urethral fever. Their power is increased by giving the patient a drink of warm gruel immediately after the instrument has been passed. Shivering and rapid rise in temperature, after the passage of a bougie, must not be confounded with so-called "catheter fever," which has within recent years been brought prominently under notice.

(*d*) Retention of urine in old men is generally due to a congestive attack of the prostate superadded to hypertrophy of the gland. Here, again, the congestion should, if possible, be relieved by hip-baths, fomentations and sedatives, and, if instrumental assistance is required, in the great majority of cases the red rubber instrument relieves the retention. If the instrument fails then a metallic instrument is necessary. In cases in which there is a distinct valvular obstruction from enlargement of the middle lobe of the prostate, the difficulty is overcome by passing a large sized gum elastic catheter with a metallic stylet *in situ* down to the obstruction. If the instrument is then withdrawn to the extent of an inch, by pulling on the stylet, the point of the catheter will rise vertically in the bladder.

(*e*) Retention in young children is very frequently due to the presence of a calculus in the urethra. In rare cases it may be due to malignant disease of the prostate, and sometimes it is due to abscess in the prostate. These conditions are comparatively rare.

THE IMMEDIATE CLOSURE AND RAPID CURE OF FISTULA-IN-ANO.

BY STEPHEN SMITH, M.D.,

The possibility of a prompt cure of fistula-in-ano is a great advance in the treatment of this hitherto troublesome affection. Every surgeon must have met with cases which resisted the old method, and failed altogether to heal. And even when those having a large abscess cavity finally healed after free incision, there was often a deep cicatrix, which was a source of constant irritation from the tendency to the accumulation of filth in the deep sulcus. Occasionaly there was a certain troublesome defect in the action of the sphincter, which remained as a permanent disability. In these latter days of rapid improvement in the methods of operations, it has naturally occurred to many surgeons that fistula-in-ano might be treated successfully by the immediate closure of the wound, provided the track and abscess cavity were properly prepared, and then sutures were employed so as thoroughly to approximate the surface. It has been performed successfully in this country by Drs. Emmet, Weir, Lange and Chamberlain, of this city, by Dr. Jenks, of Chicago, and by several surgeons abroad. In most instances these surgeons have operated without any previous knowledge of the work of other operators. The simplicity and the success of the operation warrant the effort to give it greater prominence than it has yet received.

Attempts have been made, heretofore, to cure fistula-in-ano by incision of the track, followed by the dissection of the lining membrane, but with indifferent success. It is only when the surfaces are quite firmly brought together and maintained in apposition, that union takes place with any greater

certainty and rapidity than by the former method. My attention was first directed to this method of operation on the appearance of the first edition of Dr. Emmet's work, in 1879. I was impressed, while reading that work, with the explanations of the method of closing a lacerated perineum involving the sphincter ani, and with the accompanying illustrations. I had at that time under observation a case of fistula-in-ano, which had been laid open freely six months before, but had failed of union. The line of incision was slightly to the left of the median line, but the depth of the wound and its large granulating surfaces reminded me of some of the conditions of a lacerated perineum of long standing.

The suggestion that this wound, involving the sphincter, was amenable to a somewhat similar method of treatment was very natural. The result proved the truth of the suggestion. It was not difficult to dissect away the granulating surface, and to accurately close the wound with sutures not unlike those used for the lacerated perineum. Union promptly occurred. Since that time I have operated on a number of cases of fistula, including every variety of form, and nearly every condition of patient, with a degree of success which commends the procedure to my confidence.

The principles which should be born in mind in the operation are: 1, complete removal of the lining membrane of the fistula and of the abscess cavity which may exist; 2, accurate and permanent adjustment of the opposing surfaces; 3, through antiseptic treatment of the wound.

The details of the operation are simple, but they must vary somewhat according to the peculiarities of each case. After considerable experience, I have adopted the following plan: The patient is prepared for the operation by taking an ounce of castor-oil for two succeeding days before the operation, omitting the last day, on which he takes an opiate at bedtime. The diet should be milk. It is intended to keep the bowels quiet for four to six days after the operation. The patient being anæsthetized, the parts about the anus are thoroughly washed with soap and water, then carefully shaved, and finally irrigated with bichloride solution. This douche is also thrown into the rectum and the index-finger is introduced and swept around the folds of the rectum, in order that the mucous membrane may be relieved of any matters lodged in that region. A clean sponge, wrung out of the bichloride solution and having a string attached, is next introduced into the rectum to prevent any matter from the bowel escaping and soiling the wound. The patient is placed on the back or side on which the fistula opens. If the fistulous passage is direct it is incised in the usual manner. If there is an abscess cavity this is opened to the full extent, in order to give free access to the lining membrane. The lining membrane or so called pyongenic membrane, is then carefully dissected away, throughout both the cavity and the fistula. The rapid and permanent healing of the wound depends largely upon the thoroughness with which this tissue is removed. It is generally very dense, and can only be completely dissected off with a sharp scalpel or scissors cutting well at the point. In some of my early operations I resorted to the curette, and endeavoured to destroy the membrane sufficiently to secure union, but the operations were unsatisfactory till I removed it with a knife or scissors. When it is completely removed, the ragged, or thin and purple, margins of the wound are cut away so as to have clean and healthy surfaces for apposition and union. There is in some cases considerable hemorrhage from small arteries, which must all be ligated before the wound is closed. The first step in the closing of the fistula and abscess is to secure perfect apposition of the margins of the wound within the rectum. To effect this object an assistant should introduce an index-finger well into the rectum, and then, bending in as a hook, extrude the bowel which is readily effected. The whole track of the fistula is thus brought into view, and the surgeon has full control of the wound. To obtain prompt union it is necessary to evert the edges of the mucous membrane, and bring the deeper cut surfaces into contact. The success of the operation depends upon securing complete and firm closure of that portion of the fistula which involves the mucous membrane. The first sutures, therefore, should be so applied as to bring the deep surface together and evert the margins of the mucous membrane. To effect this object I take a large-sized carbolized silk ligature, or catgut prepared with chromic acid, and attach a needle having a slightly curved point to each end. These materials are preferred because they will not yield as does the ordinary cat gut, and allow the margins to separate before union takes place. One needle is now passed just above the highest point of the incision, and from a fourth to half an inch from the margins of the wound, and the thread is drawn through to its centre. The needles are then passed in opposite directions at intervals of about half an inch, in the same manner as the saddler takes his double stitch when two pieces of leather are held in a vice and united. If the fistula is simple and there is no abscess cavity, the stitches are continued to the external extremity of the incision, making a continuous suture on each side of the wound. They are now tightened sufficiently to bring the two surfaces into apposition and slightly evert the margins of the mucous membrane, but without any strain. The ends of the ligature are then given to an assistant, who by moderate traction draws the entire fistulous track outside. The margins of the wound are now nicely adjusted with a continuous suture commencing at the upper extremity of the wound. At the external extrem-

ity of the wound a drainage-tube is inserted. When the margins of the wound are closed the ends of the suture are tied. The operation is completed by passing two or three large carbolized silk ligatures entirely under the fistula, and tying them over an iodoform gauze pad rolled firmly and laid along the wound. The object of these last ligatures is to bring the deep portion of the fistula in suitable apposition. During the operation irrigation with the bichloride solution is continued, and iodoform gauze is applied as an external dressing. The sponge is finally withdrawn from the rectum, and a suppository of opium inserted. The diet should be milk, and opium should be continued daily for from four to six days to keep the bowels quiet. The patient should remain in bed, and at first should remain recumbent, with the limb straight. In some cases I have applied a binder about the hips to prevent movements, where the patients were inclined to be restless.

If there is a large abscess cavity and, as often occurs, irregular, as in the horse-shoe fistula, I have always entered the cavity at the external opening, then laid it open freely throughout its entire extent, and finally have opened the internal fistulous passage at the point where the cavity communicated with the interior of the bowel. Such an abscess presents a large, irregular, deep cavity, having an opening into the bowel sometimes on the side opposite the point where the cavity opens externally. These cases require much care, for the cavity to be closed is enormous, but they may be perfectly healed by one operation, if great pains are taken to dissect out all the false membrane, and to adjust the sutures so as to bring the surface into apposition. The internal fistulous track is closed by the same suture as the simple fistula. The abscess cavity may be closed by one of two methods: 1. The same double, continuous saddler's suture may be employed, but it should be taken farther from the external margin of the wound, in order to bring as much strain as possible on the deep parts of the wound. Upon the inside along the margin of the anus, it is well to enter the suture close to the border of the mucous membrane. This suture is continued to the external extremity of the wound The continuous suture is then applied to the wound, and the same dressings applied. It sometimes happens that, even in the horse-shoe fistula, when the suture is finished, two or three sutures, either large thread or wire, inclosing the entire cavity, may be passed completely around it, thus aiding in approximating the deep surfaces. 2. The second method is by interrupted sutures passed the same as the suture in the lacerated perineum, that is, completely around the cavity. This suture is more difficult to employ than the former, but it is more successful. With this suture I have found no difficulty in closing at one operation an old rectal abcess of large size, which had no communication with the rectum.

In simple fistula having no cavity between the external and internal opening, I have found it possible to save incision of the sphincter by incising the sinus to the sphincter, dissecting away the false membrane up to the internal opening, and then by means of the double suture to bring the raw surfaces together. The suture is to be applied within the anus, the parts being partly extruded by the finger of an assistant hooked within the anus. The same result has been obtained by Dr. Emmet, and I believe by others. In two cases the internal opening was more than two inches above the anus, one indeed being three inches. In both cases the sinus were incised to its fullest extent, and the same form of suture employed with the best results. In my first operations I employed the single-valve speculum, but I found it by no means as useful as the finger of an assistant. When the internal opening is high up, with strong loops of ligature thread inserted into the margins of the wound at the anus, the whole track can be readily drawn down within reach of the operator.

The conclusion which I have reached from my own experience is that fistula-in-ano and old rectal abscess cavities, whether communicating with the bowel or not, can be cured by removal of the lining membrane and the application of a proper suture, in a period varying from eight to fourteen days.

I may add that I have found deep fissures of the anus readily cured by excision of the track with its cicatricial lining, and accurate closure with carbolized silk ligature, the parts being first carefully shaved and cleansed with bichloride solution, and the wound dressed with iodoform gauze.—*Medical Record*

INDICATIONS AND CONTRA-INDICATIONS FOR THE IMMEDIATE SUTURE OF THE PERINEUM.

Proceedings of Cincinnati Acad. Med., published May1 , 1886 :—The management of the perineum both during and after labor, has often been the subject of animated controversy.

This controversy has been somewhat influenced by the time in which these opinions were entertained, so that it may be said that while the older masters were mostly in favor of the so-called "let-alone" treatment, our modern authorities in a great majority are in favor of prompt artificial repair. It must not be understood, however, that the former did not recognize the necessity of closing a large chasm when caused by labor, but they did not deem it necessary to close up a rent of the perineum as it usually occurs. In a general way it may be said, then, that some of the authorities were opposed to the immediate suture of a torn perineum, no matter what its extent. These, however, were a minority. The next class admit-

ted the necessity of the immediate repair when the sphincter ani was involved, but discountenanced any operative measure as long as this muscle was intact; these formed the majority. At the present day, the great majority of obstetricians demand the immediate repair of every lacerated perineum, whether complete or incomplete, except an insignificant rupture of the fourchette, or a little beyond it, whilst a few urge the union by suture of every laceration, no matter how slight.

The opponents of the immediate suture claim:

1. That the patient is already too much exhausted from the throes of labor to undergo another, oftentimes extensive, operation immediately afterward.

2. That posture alone will suffice in effecting spontaneous union, rendering the use of sutures unnecessary; or, *per contra*—

3. That a lacerated wound, such as occurs in a perineum during labor, never heals by first intention, even after union by suture; and

4. That such union, even if it could occur, would be prevented by the constant flow of the lochial discharge, which by no contrivance can be kept from the fresh wound.

5. That a perineal laceration, as seen just after labor, seems much larger than it really is, on account of the abnormal stretching of the parts.

6. That the operation is itself a confession of carelessness or ignorance in the management of the case.

In answer to these objections, the advocates of the immediate operation claim:

1. That the patient is in a better condition to bear the operation immediately after labor than subsequently, on account of the obtunded sensibility of the genital parts.

2. That posture alone will not suffice for priary union, because the least change in position will disturb the apposition of the surfaces.

3. That although the rent in the perineum is a lacerated wound, it partakes almost of the character of an incised wound, and the surfaces will readily unite if brought together immediately after labor.

4. That in order to prevent the irritating action of the lochia on the torn surfaces, the wound ought to be closed up by suture.

5. That no matter how slight the laceration, it ought to be sutured, in order to restore the parts to their primative condition; also because the slightest rent may endanger life by sepsis.

After examining these arguments critically, the author reaches the following conclusions:

1. A laceration of the first degree, as long as only the skin is involved, may be left to heal by postural apposition, provided there is no danger of septic infection. If there should be any danger of the latter, although the closing of the wound will not altogether prevent infection by absorption, it will at least lessen this danger, especially with antiseptic treatment.

2. A laceration of the second degree, when the fascia and muscles are torn, ought, if possible, always to be repaired immediately after the occurrence of the laceration, provided there are no complications on the part of the patient, as extensive œdema of the parts, great bruising, etc. In such an event, we cannot expect union by suture immediately; it is, therefore, necessary to wait a certain length of time, from a few hours to a few days, in order to give the parts a chance to recover their proper vitality and tonicity; or, after having pared the edges, we may introduce the sutures, and gradually tighten them as the swelling subsides. Just here I would direct attention to the tension of the suture. If it be drawn too tight, the vessels may be strangulated, and union may be thus prevented; if, on the other hand, too loose, the surfaces will recede from each other as the swelling subsides, and the stitches will serve to no purpose. Consequently great care must be exercised in the proper tension of the sutures, and if the parts do not look favorable for primary union it is better to wait a few hours, then place the patient under an anæsthetic, pare the edges, and proceed with great care.

3. Lacerations of the third degree produce such a deplorable state of the patient afterward, that every attempt should be made to repair the accident immediately. Even if we should not be wholly successful, we may be so at least partly, by converting a laceration of the third degree into one of the second degree, which is vastly more comfortable than the loss of the sphincter power of the anus. If very urgent reasons should prevent us from attending to this accident immediately after labor, we should at least select the earliest possible time to repair the accident, proceeding with all due care and skill, as in the second operation.—*Epitome.*

THE RELATIONS OF PUERPERAL ECLAMPSIA TO BRIGHT'S DISEASE.

Why does Bright's disease result from the pregnant state? The answer may not be altogether satisfactory, but it is certain that the condition involves the accumulation in the blood of a large amount of effete and therefore poisonous matter. We have, in fact, the same agencies operating as in many cases of Bright's disease from other causes. It is well known that acute Bright's disease is a very common sequela of scarlet fever. It is here due to the presence in the blood either of the scarlet fever poison itself, or of effete matter which is retained in consequence of the inactivity of the skin, or both of these sources of poison may

be combined. In the puerperal state we have likewise conditions favoring the accumulation of effete matters. The woman is at once the eliminator of her own excretions and those of the child, the retention of which is the essential cause of the Bright's disease. The obstruction to the circulation, due to the compression of the vessels by the gravid uterus, doubtless adds to this, but it is of itself insufficient to cause it.

There are two symptoms to which I desire to refer. The first is the blindness, and the second the convulsions. Blindness frequently develops previous to the occurrence of the convulsions. What is the cause of this loss of vision? It is known that there is a form of Bright's disease in which there are organic changes in the retina, technically termed albuminuric retinitis. These changes are most frequently associated with chronically contracted kidney. The defect of vision under such circumstances comes on slowly, but blindness, to which I now refer, comes on suddenly, and is of a very different character. It occurs suddenly, and often disappears as suddenly as it came. Such blindness evidently cannot be due to structural change in the retina. I do not know that we are sure as to its precise cause, but the most rational explanation is that which attributes it to the same cause that produces the uræmic convulsions—that is, an accumulation of urea and allied substances in the blood vessels of the brain, affecting the centre of vision, and thus blotting out for the time being, the responsiveness of that centre to the stimulus to which it usually responds. The convulsions are caused in the same way. The nerve cells are irritated by the presence of these products, and the response comes in the shape of a convulsion.

We have in these facts the key to the treatment. Unquestionably, the most efficient treatment of puerperal convulsions is bloodletting, for by bloodletting we draw from the system the agent which is the most important factor in the production of uræmia. But it may be said by some that venesection is not recommended in the treatment of the convulsions of acute Bright's disease. Why then should it be used in puerperal cases, if the same essential causes prevail in both?

I believe, however, that it is a mistake not to treat the convulsions of non-puerperal Bright's disease in the same manner, and that if bleeding were more common, the results would be more satisfactory. I do not hesitate to advise you to bleed in the convulsions of acute Bright's disease. No harm can follow the removal of from eight to sixteen ounces of blood from an adult patient so that if it does no good, it does no harm. You must not, however, expect equal success, because there is still an important difference in the conditions. In the instance of renal disease accompanying the puerperal state, the termination of this state not only removes the remote cause of the disease, but the disease itself is usually less advanced, and the chances for recovery may thus be increased.

Afterwards, or coincidently with this measure, anæsthetics are often of great service, and the patient is kept with great advantage, more or less thoroughly under the influence of chloroform or ether, in order to keep off the convulsion. This is not always necessary, for in many cases chloral answers every purpose. There is no condition in which chloral can be relied on more confidently, in connection with venesection, than in puerperal convulsions, and in the convulsions of Bright's disease It must be given in full doses. I usually give an adult one drachm of chloral by enema. It is not worth while to give a smaller dose. The dose named may be repeated; but in the majority of cases one dose is sufficient. Chloral has the advantage over anæsthetics, in that it is possible to judge accurately of the condition of the patient. When a patient is under chloroform or ether, it is impossible to note the changes in mental condition by which almost alone we are to judge of improvement. If bloodletting and chloral are not sufficient, chloroform or ether must be resorted to. Chloroform, dangerous as it is in ordinary surgical operations, appears to be harmless in puerperal conditions.

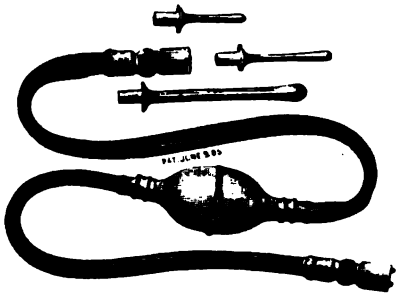
There are two other grades of complication of Bright's with pregnancy, both of which are far more dangerous than that of which we have been speaking. The first is a puerperal case with Bright's disease, where the renal affection is not the immediate result of the puerperal condition, but where it has previously existed; for although these cases occasionally get well, the mortality is much higher than in those cases of which we have been speaking.

There is a second class of cases in which, in my experience, the prognosis is invariably fatal. A girl of eighteen or twenty, with Bright's disease, who subsequently marries, is almost certain to die in her first confinement. This is an exceedingly important practical point with reference to the question of marriage of girls with Bright's disease. If a woman has had two or three children, and then acquires Bright's disease, although the condition is more dangerous than where the renal condition comes on during pregnancy, she still has a chance of getting as near well as she was before she became pregnant. The probabilities are, however, that the kidneys are left a little more damaged than they were previous to pregnancy. The renal disease is better than it was during pregnancy, but a little worse than it was before pregnancy. It is not so with the primipara who had Bright's disease before marriage. Her marriage-bell is her death-knell.—*Medical News.*

It is said that tickling the nose will stop hiccough.

THE NEW CONTINUOUS-FLOW SYRINGE.

This new syringe, which is attracting the attention of all the leading medical men of this city, entirely obviates the intermittent action of all other pump syringes and produces a continuous stream with less exertion than other styles require. The Alpha, as the syringe is called, is perfectly simple in construction and its great advantage consists of its corrugated outlet tube, which is folded in such a manner that when filled with water it expands, and, by contracting to its original shape, keeps up the pressure while the bulb is filling. The syringe has many other advantages, such as noiseless rubber-covered sinkers and soft rubber sockets for the pipes, which require no screw-threads.



A close inspection of the cut shows a simple change in the formation of the rubber outlet tube, which completely changes the action of the ordinary instrument. This tube is made of very fine rubber, vulcanized in a corrugated or folded form, so as to contract its capacity and allow expansion. When the bulb is compressed in the usual manner, the liquid flows into and expands this tube into a temporary reservoir, and the elastic tendency of the rubber to regain its dormant shape assists the action of the syringe, and keeps up the flow while the bulb is expanding and refilling. The flow is, therefore, not only continuous, but can be either gentle or strong; or checked at once at the easy control of the user.

It is well understood that all intermittent bulb syringes act only while the liquid is being squeezed out of the bulb, the flow through the injection nozzle ceasing while the bulb is expanding. More or less air is, therefore, invariably drawn back into the syringe while the valve is seating, or oftener through a disorder of the outlet valve; fecalized fluids of the rectum are also drawn back into the tubes from the same causes, rendering an intermittent syringe offensive. It is apparent that a practical syringe constructed to produce a continuous flow, obviates many serious and oft times dangerous faults existing in the intermittent acting syringe.—*N. Y. World.*

CORROSIVE SUBLIMATE IN DIPHTHERIA. — Dr. Werner, medical officer to a circumscribed factory population of about two thousand near Narwa, on the Gulf of Finland, writes in the *St. Petersburger Medicinische Wochenschrift*, describing the satisfactory results he has obtained in diphtheria by treatment with perchloride of mercury internally, combined with icthyol inunctions. The disease is very frequent and fatal in the locality, he having attended during the last six years ninety cases, the average mortality of which was between sixty and seventy per cent., the majority succumbing from general weakness when the local affection was passing off or after it had quite disappeared. Last year the type was peculiarly severe. In July, August, and September eleven cases occurred of which no less than nine proved fatal. From the end of September to the present time, however, during which period there have occurred seventeen cases, all of which were treated with perchloride of mercury, and many of which were very severe, there were only two fatal cases, neither of which were seen till a few hours before death.

The author's method of administration is as follows: For young children he dissolves a quarter of a grain of the perchloride in four ounces of water, for children of 6 or 7 half a grain in six ounces of water, and for adults three-quarters of a grain in eight ounces of water. This solution is given to the patients while they are awake every twenty or thirty minutes, in measured doses, so arranged that the quantities made up shall last from twenty to twenty-four hours—*i. e.*, about half a drachm in the case of young children, and a drachm in that of adults. When a good deal of sleep is obtained, larger doses are given at longer intervals. As a rule only milk is allowed as nourishment. If considerable pyrexia exists, an enema of from 10 to 30 grains of antipyrin, according to the age of the patient is given, the rectum having been previously cleared out. Externally, icthyol is dilligently rubbed in over the swollen glands three or four times a day, the fingers being wetted with water when dry to permit of the rubbing being continued for some time. For the first two days of this treatment the local affection usually undergoes no improvement, but on the third day it begins to diminish and the general condition becomes better, the appetite increasing and the children regaining their wonted spirits. In no case did the author meet with the extreme debility which was frequent in cases treated by pilocarpine even when the local affection was decreasing. As the patients approached convalescence the medicine was diminished, so that more than six bottles were never required. Complications never occurred, though three of the patients had previously had scarlatina.—*Lancet.*

THE ORIGIN OF CANCER.—The close connection that exists between chronic inflammations and irri-

tations and cancers was long ago pointed out, and subsequent observations serve only to demonstrate more clearly what has long been obvious to nearly all professional minds. A recent writer in Volkmann's *Sammlung*, No. 257, Karl Schucharts, brings forward a series of illustrations, carefully studied, clinically and microscopically, of this connection. First of all are five cases of buccal and lingual psoriasis that have been followed by carcinoma: one of the patients had suffered from the psoriasis 30 years, another 13, another 3, and the fifth between 5 and 6 years before the carcinoma developed. Another case was one following psoriasis of the prepuce of long standing, which in its turn was supposed to be due to phimosis. A second series of cases was formed by a number of skin carcinomata following diseases of the skin. This series included chimney sweep's cancer, tar and paraffin cancer. All had this in common, that skin affections of a hyperplastic character followed chronic fouling of the cuticle by mechanical agents as well as repeated traumatisms of specially disposed and exposed parts of the body, such as the arms and scrotum. To these succeeded cancerous degeneration which remained local in its action for years, but which was capable of setting up metastatic processes. Schuchardts reports six cases of this kind. The seborrhœa of old people is capable of giving rise to cancer in a similar manner. Want of cleanliness has great influence in originating these. Microscopical examination demonstrated enormous extension of the anuclear layer of the epidermis, desquamation even to the hair follicles, increased formation of salts and retention of this secretion, and especially inflammatory infiltration of the corium, and more particularly into the papillæ. To these may be added those cases of cancer that follow ulcers of the stomach, and sarcomata following blows, such as osteo-sarcomata, and such as the following, reported in the *Deutsche Med. Wochensch.*, 38, 1885, by H. Lindner. A virgin, æt. 16, had a blow on the mamma. Within three weeks a sarcoma followed; within seven weeks the breast was amputated; in five months the disease recurred, and was extirpated, and within a year death took place from "marasmus." In all these cases, and such could be multiplied, indefinitely, the malignant disease followed injury of some kind or other, generally chronic, but sometimes as in the latter class, acute. The question almost naturally presents itself—Is cancer, whatever its form, ever primary, *i.e.*, does it ever originate without a previous injury? Is it not in its earliest stage always an abortive and ineffectual effort at repair? The numerous facts collected seem to point to this origin, and we know of no facts that militate against such a view. Whenever cancer originates in parts open to inspection it begins in this way, and it is only when it arises in parts shut out from view that we assume that it is itself primary. It was long thought that cancers of the stomach were primary, but microscopical examination has shown that cicatrical tissue can be demonstrated in them. The same could possibly be shown in cancers of the liver, lungs, and æsophagus, if they were subjected to the same careful scrutiny.—*Medical Press.*

ACUTE OTORRHŒA IN CHILDREN. — Under the mistaken idea that he will be compelled to buy expensive and complicated instruments, with the use of which he is unacquainted, as well as the equally erroneous notion that such treatment requires great manual dexterity and long practice, the general practitioner too often neglects the treatment of the ears of such of his little patients as suffer from otorrhœa. The results obtained by the early treatment of such cases are very satisfactory, while, as every one knows, the chronic otorrhœas are most difficult to cure. A very few applications will often stop an acute discharge, give the membrana tympani an opportunity to heal, and free the patient from the dangers and discomforts to which a neglected otitis media purulenta always exposes him. All that is needed in the way of instruments are an ordinary half-ounce rubber syringe, a little piece of wire, such as a straightened hairpin, and some absorbent cotton. Armed with these simple and inexpensive instruments, a few ounces of a one per cent. solution of carbolic acid, and a little finely powdered boracic acid, let the practitioner proceed as follows: Let him gently wash out the affected ear with the syringe and the carbolized water, warmed, using three or four syringefuls. Then let him have the nurse take the little patient to the window and allow the sunlight to fall directly into the affected ear, while he carefully and gently dries the canal with a bit of cotton wrapped around the roughened end of the hairpin probe, straightening the canal for this purpose by drawing the concha upward and backward. Then let him have the child placed on its side with the affected ear upward; and let him fill the canal nearly full of the powdered boracic acid, plugging the meatus finally with a bit of cotton. Let him repeat this process a few times at intervals of twenty-four hours, and he will be surprised to find how quickly a recent discharge will cease, and the ear regain its healthy condition. If after a week or ten days' trial he finds, as he seldom will, that the discharge does not decrease in quantity, let him throw aside the "dry treatment" and try the "wet treatment," beginning with a weak solution of nitrate of silver—say five grains to the ounce—gradually increasing the strength if the discharge does not yield. In all cases and under all circumstances, however, he should not forget that here, more than anywhere else, "cleanliness is next to godliness," and that frequent syringing with a warm antiseptic solution is the only way to keep

the stagnating and decomposing secretions from irritating the diseased mucous membrane and perpetuating the discharge—*Pacific Medical and Surgical Journal.*

PROPOSED MODIFICATION OF PIROGOFF'S OPERATION.—At the recent congress of Russian practitioners, Professor Tauber described and demonstrated on the dead subject an operation for removal of the foot, which he believes has several advantages over Pirogoff's amputation Standing on the outer side of the limb, he commences an incision at the insertion of the tendo Achillis, and carries it forward just below the external malleolus to the dorsum of the foot, and then vertically downwards on the inner side in front of the heel. When the middle line of the sole is reached, the incision is carried along it backwards and prolonged upwards to the starting-point at the insertion of the tendo Achillis, a flap having thus been cut consisting of the inner side and half the sole of the heel. The joint is then opened, the external ligaments being first divided and then the internal. The astragalus is seized with the bone-forceps and removed, and the anterior part of the foot cut off by Chopart's line, nothing being left but the os calcis, the soft coverings of which on the inner aspect are untouched. The os calcis is seized with the bone-forceps and turned so that the articular surface is towards the operator. The forceps are now taken by an assistant, who holds them tightly; the operator then saws the bone longitudinally in two; the outer half, which is free, is removed, the inner half remaining attached to the flap. The ends of the tibia and fibula are then sawn off just above the malleoli. The cut surfaces of these will be found to correspond almost exactly with that of the os calcis, which is now brought into apposition with them. The advantages claimed for this operation are: 1. The posterior tibial artery itself is untouched, only its branches being divided. 2. The insertion of the tendo Achillis, as well as its bursa, are not injured. 3. Surfaces of the os calcis and of the leg bones correspond very nearly to one another.—*Lancet.*

MEDICAL NOTES—Prof. Parvin regards an absolute milk diet as the very best means of treating *albuminuria of pregnancy.*

Prof. Bartholow recently practiced at the clinic the deep injection of cholorform, in two cases of *chronic sciatica.*

Prof. DaCosta prescribes the following for *lithæmia*:—

R. Liq. potass. arsenitis, ... ℥j
Tinct. ignatii amar., ... ℥ij
Tinct. cinchonæ comp., q. s. ad . ℥iv. M.

Sig.—Teaspoonful after each meal.

In acute conjunctivitis, the following solution is a favorite one of Dr. Fox's:—

R. Acid. boric., ... gr.xij
Zinci chlorid., ... gr.iij
Aquæ camph.,
Aquæ destillat., . . *aa* . . f℥ij. M.

Sig.—Use as lotion for eyes.

Prof. Bartholow advises the following combination for *irritation of teething children* and *infantile colic*:—

R. Potass. bromid., ... gr.v
Olei anisi, ... gtt.½
Mistuæ asafœtidæ, ... f℥j. M.

Sig.—Pro re nata.

Prof. Da Costa, at the Pennsylvania Hospital, showed a case of *aneurism of the arch of the aorta*, immensely benefited by iodide of potassium and rest in bed. The tumor was greatly lessened in size, and all the bad symptoms, dyspnœa, vertigo, nausea, were ameliorated.

Prof. Da Costa recently had at the clinic a protracted case of *catarrhal fever* affecting the gastro-intestinal mucous membrane, simulating typhoid. There was some abdominal tenderness, the mind was dull and heavy, but the temperature was very irregular, tongue heavily coated; nausea and vomiting a marked symptom; the bowels were constipated, and no eruption was ever found. The patient was almost cured by a regulation of diet, attention to secretions, calomel and quinine. She will now keep the bowels open with oleum ricini and take a light bitter tonic, as:—

R Acid, phosphorice dil., . . . f ℥ j
Tinct. cinchonæ comp., ... f ℥ ij
Elixir. simpl., ... f ℥ j. M.

SIG.—f ℥ j before each meal.

Prof. Bartholow prescribed for a case of *simple anæmia*, which had resisted the ordinary treatment of iron, exercise and food—

R. Liq. potass. arsenit . . . . . f ℥ j
Massæ ferri carb., ... ℥ ij
Syrup. simplic., . q. s. ad. . . f ℥ iv M.

SIG.—℥ j, after each meal, and take before each meal, tinct. nuc. vomicæ, gtt. x.

Exercise in open air about three hours after eating. An occasional purge in the form of the official pill of aloes and ferrum, or if there be flatulency, of aloes and asafœtida.

At Prof. Da Costa's clinic recently was a case of *gastro-intestinal catarrh* and enlarged liver. The enlargement was due to a fatty change in the cells, and a fibroid thickening of the intercellular substance, resulting from a chronic congestion of the organ. These cases are frequently associated with gastro-intestinal catarrh. Jaundice is usu-

ally absent. The patient has been taking small doses of calomel and sodium bicarbonate, with little effect. One of the best remedies in these cases is phosphate of sodium; it keeps the upper bowel open, and acts on the liver. The patient will take one drachm, in warm water, three times per day, on an empty stomach. Counter-irritation over the liver, with tincture of iodine, also. Will live on skimmed milk, to which is added ℥ ss of lime water to each ℥iv. Let her also have soups, and at times stewed oysters.—*Coll. and Clin. Record.*

IODOFORM-COLLODION IN NEURALGIA.—Dr. William Browning, of Brooklyn, gives his experience with this remedy for external application, together with notes on the preparation itself, and a brief study of its action. The strength usually employed is 1 part of iodoform to 15 of collodion. A half ounce is usually sufficient for any ordinary single application. Dr. Browning has found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's-hair brush. As soon as one coating becomes a little firm another is applied, and so on until it appears to have an average thickness of ½ mm. In the neuralgic cases a cure, when effected, was usually accomplished with one or two applications The class of troubles found most amenable to this treatment was narrowly localised neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic, as well as a therapeutic value. Several times its complete or partial failure has lead to a more searching and successful examination. Even in such cases much temporary relief is often afforded. Supraorbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seem quite amenable to this treatment. Of course it is not recommended as a substitute for quinine here, but only as an adjuvant where the latter fails or acts too slowly.—(*Amer. Jour. Med. Sciences.*)

PAPAIN, ITS USE IN THE TREATMENT OF DYSPEPSIA.—*Chronic Stomach-Catarrhs of Children.*—I have found rapidly improve with the following prescription: R. Papain (Finkler), gr. ½ - gr. j: sacch. lactis, gr. j; sodii bicarb., gr. v. M. To be taken after every meal. It is also advantageous to give a drop or two of tincture of nux vomica immediately before the meal in a little water. The papain probably acts by disolving the mucus, and thus faciliating the absorption of the food.

In Acid Dyspepsia. I usually order it in the following manner: R Papain (Finkler), gr. ij; sacch. lactis, gr. v. M. To be taken an hour after meals with the following draught: R Sodii bicarb., gr. xv; glycerin. acid. carbolic., ♏viii; spirit ammon. aromat., ♏xx; aq. ad ℥ iss. M. Fiat haustus. It appears that, taken one hour after a meal, a smaller dose of papain is required to produce the same result than if taken with the food.

In Cases where severe gastic pain coming on shortly after eating is the prominent symptom, I have tried the drug twelve times. Complete relief was given in ten, one case was partially relieved, and one completely failed to derive any benefit.

Apart from its internal use, papain will probably come into extensive use as a peptonizing agent, to prepare ready digested food and enemata in the way in which pancreatin and pepsin are used at present.—*Herschel in Br. Med. Jour.*,

DISINFECTION OF INFECTED DWELLINGS.—The following method of thoroughly disinfecting a room in which an infectious disease has existed is reported in the *Centralb. f. Chirurgic.*

The windows of the infected room having been closed tightly, 50 to 60 grammes (1½ to 2 oz.) corrosive sublimate are placed on a small shovel of burning coals; after that the person leaves the room immediately and closes the door. The sublimate evaporates rapidly and exposes the room to its vapors for three or four hours. Then the door is to be opened, and, covering the nose and mouth with a piece of cloth, the person re-enters, opens the windows and closes the door again. The room having been thus ventilated for several hours, the possibly remaining vapors are to be rendered harmless by the burning of sulphur in the closed room. After repeated ventilation the room may again be occupied.—*Therap. Gaz.*

LOCAL APPLICATIONS FOR USE IN NEURALGIAS.—Intercostal neuralgia may be greatly relieved by daily gentle inunctions with a portion, of about the bulk of a pea, of a pomade thus constituted:

Morphine chloride,	
Veratrine	gr. iss.
Cold cream	ʒiv.

In lumbago, or painful contraction of the muscles of the back a liniment containing one part of tincture of capsicum in six parts of olive oil, is advantageously applicable. If its infriction be painful, it may be applied on flannel—*Rev. de Therap.*

CIRCUMCISION UNDER COCAINE.—Various experiments have been made with solutions of the hydrochlorate of cocaine with the object of producing such local anæsthesia of the prepuce as would result in a painless circumcision. The results of quite a number of such efforts by myself and sev-

eral which I have witnessed in the practice of other surgeons, while greatly lessening the pain of circumcision, have not been entirely satisfactory. In the last two operations, however, which I have done by a new procedure, the first was entirely painless; in the second there was only slight sensitiveness in putting in the last few stitches.

The plan pursued was as follows: Retracting the prepuce, three or four drops of a six-per-cent solution of hydrochlorate of cocaine were injected with a fine hypodermic needle into the internal layer of the prepuce about half an inch from its attachment at the base of the glans penis. This was done so superficially that, as the needle was withdrawn, a little bleb was formed nearly half an inch in length. Waiting for half a minute, the needle was again introduced, at the opposite side of the bleb, and it slid in painlessly for another half inch in the line of the circumference of the penis. In this manner blebs were made until the cervix was completely encircled by them.

The prepuce was then drawn forward, and, by a similar procedure, another line of blebs was made to encircle the external preputial layer at the point elected for the incision. This was intended to be directly opposite the line of injection of the internal layer. The prepuce was then advanced so that the line of injection cleared the end of the glans, at which point it was compressed by a clamp, and excised without the least pain. Not the least pain was experienced in the operation except that caused by the first introduction of the needle in the internal layer, and the same in the external layer. Twenty drops of the six-per-cent solution were used in one case, and in the other twenty-five drops of a four-per-cent solution were injected.—*N. Y. Med. Jour.*

INCIPIENT BALDNESS.—In commencing alopecia, VIGIER advises the use of the following formula, in which the proportions are given by weight:

Alcohol (80°) . . .	℥xx.
Camphorated alcohol,	
Rum,	
Tincture of cantharides,	
Glycerine	āā ℥iv.
Essence of santal, wintergreen,	
laurel roses . . .	āā gtt. v.
Muriate of pilocarpine . .	gr. viij.

The mixture is gently rubbed on the scalp once daily.—*Rev. de Therap.*

A MODIFICATION OF FEHLING'S TEST.—Buchner has proposed the following modification of Fehling's method for sugar. Many saccharine urines only give an opalescent yellowish-red coloration, and no red precipitate of cuprous oxide, when heated with Fehling's solution, making therefore the presence of sugar appear doubtful. In such cases, the urine is to be boiled with excess of cupric sulphate solution (1:10). The greyish-green precipitate is to be separated, and potassic hydrate, or some Fehling's solution, to be added to the filtrate, on boiling which the red sub-oxide of copper will be deposited, if even a small proportion of sugar be present.—*London Med. Record.*

DR. LIVEZEY writes: "While wintering in Florida I met with my annual patient, a young lady of twenty-eight, from Chicago, who was sent hither three or four years ago in order to pass out into the "spirit land" comfortably, who now being troubled with poor appetite, a slight but distressing nausea, great debility, irregular menstruation, excessive cardiac action on the least exertion, etc. I ordered 1 oz. bottle of Lactopeptine of the N. Y. Pharmacal Association's manufacture and she improved at once. Soon after, she met a ladyfriend, who told her she ought to take Lactopeptine, stating what wonders it had done her, who was troubled "just the same way" (of course). "Why, bless me," said my patient, "that is just what my doctor prescribed for me and I am doing nicely." By the time she finished the small vial she declared she never felt better in her life, her appetite being regular and everything O. K. She has taken since Lactopeptine, Elixir, Calisaya, Iron and Bismuth, with excellent results.—*The Medical Summary.*

J. LINDSAY PORTEOUS, M.D., F.R.C.S., M.R.C.P. ED., in the April number of the *Edinburgh Med. Journal*, says:—Of late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great; and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes." The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine much used in the States, called Bromidia. According to the makers it is composed of chloral hydrate, 15 gr.; potassium bromide, 15 gr.; extract of cannabis indica, ⅛ gr.; and extract of hyoscyamus ⅛ gr. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after effects of opium. The dose is ℥ss. to ℥j. every hour till sleep is procurred. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, JULY, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

SECRET PROPRIETARY MEDICINES.

Hitherto the so-called patent medicines have been generally ignored by the profession. That we have acted wisely in simply ignoring this monstrous imposition is open to serious question. Had we been active rather than passive, our influence would not have been impotent in stemming the tide which threatens to overwhelm us, nor are we wholly guiltless of sins of commission. It is not impossible to find testimonials of the alleged virtues of many secret compounds signed by M.D.'s. We anxiously hope, in the interest of mankind, for the credit of our noble profession, and for the advance of scientific medicine, that in future no physician may be found so forgetful of his position as to endorse any secret nostrum, no matter how seductive the temptation placed before him. The manufacture and sale of proprietary medicines have become one of the prominent institutions and established industries of the civilized world. Millions are engaged directly or indirectly in imposing on suffering humanity an innumerable host and variety of alleged specifics for every ill, real or imaginary. No inconsiderable portion of the earnings of the people are engulfed in this destructive maelstrom, for which they not only receive no benefit, but often positive injury; and the sum of human misery is largely augmented by the promiscuous administration of deleterious drugs and compounds contained in these lauded nostrums.

The chief factor in promoting this giant evil is a purchased press. It has been said that the freedom of the press is the palladium of our liberties. While this is true in a general sense, yet like all other great powers, the press is subject to abuse, and may become a great tyrant. When the financial interests of those who control it are antagonistic to the welfare of the public, its potency for harm is only equalled by its almost unlimited power. Therefore the press should be held accountable for the proper use of so great a power. That it should be required to acknowledge its responsibilities to the commonwealth, and that it should not be wholly actuated by mercenary motives, or promote fraud and imposition in its own financial interests, is obvious. The reading public have a right to demand truthful information, on this, as well as every other subject; and that the press, so potent for good, should not prostitute its high function in the worship of mammon. The common weal is its alleged and should be its prime motive and function, and only on this ground can it claim immunity from censorship. When it fails in its function or degrades its important office, public welfare demands that government should exert authority over a venal press, and restrain its cupidity. "The children of paternal government ask for bread and are given a stone."

One of the duties of government is to protect the governed from the rapacity of foreigners or subjects, from the evil results of want of knowledge and experience, and from the powerful but demoralizing influence of a suborned press. Editors as a rule, are amongst the most intelligent of the community, and cannot be excused on the plea of ignorance; although in justice, we must admit, that many of them are sadly misinformed on technical subjects, especially that of medicine. But the glaring frauds of patent medicine advertisements are so palpable, that it would be an insult to their intelligence to doubt their knowledge. Is there a newspaper in the land which does not pollute its columns in promoting this imposition? Even the so-called moral and religious periodicals are not guiltless of degradation in this respect. Who has not seen, even in the columns of the latter, advertisements criminally suggestive of "the slaughter of the innocents?"

The pulpit, that bulwark of morality, has been culpably silent on this subject in the past, and even ministers of the Gospel lend their names and

influence to promote the sale and use of these pernicious nostrums. This may have been done ignorantly, in most instances, but we have known more than one instance of reverend gentlemen furnishing a fulsome "testimonial" for some alleged panacea, in consideration of a *quid pro quo*. But possibly some excuse may be admitted, as they had evidently mistaken their calling, and the temptation to debauch their honorable profession, in which they must have been a failure, was too great, for the limited grace with which they were endued.

Should not *we*, then, who only are in a position to fully comprehend the magnitude of this ever-growing evil, exert our influence in every legitimate way against it. We are aware that our influence is handicapped by the suspicion of self-interest entertained by the laity, yet we should not permit even this to deter us from performing so obvious a duty. We are continually making strenuous exertions in the public interest against disease in many ways, and devoting our time and talents often gratuitously to hospitals, homes, asylums, infirmaries, boards of health, etc. We are searching for the causes of disease, removing or destroying them, and using every effort in promoting ventilation, good drainage, disinfection, cleanliness, etc., that sickness may be obviated or reduced to a minimum, often in direct antagonism to our own financial interest. Therefore we claim credence and confidence when our advice is given, even though it has the appearance to the lay mind of being in our own interest. We confidently believe such advice would command recognition and just acknowledgement from an intelligent public. Hence, the duty chiefly devolves upon us, to promote this much-needed reform. We should disabuse the public mind, educate opinion, expose the fallacies of this imposition, try to convince the press and the public of their duty, and by bringing the matter before the law makers, induce them to put some restrictions at least, on the indiscriminate sale of noxious drugs, and require that all proprietary medicines should have their components printed in ordinary language on the labels. We confidently trust that there is sufficient intelligence and moral stamina remaining to us, with our boasted civilization to sustain us, and to uphold any government which undertakes so great a task.

UNPROFESSIONAL ADVERTISING.

We hope our readers will not be too much disgusted at seeing the above caption again appear in our columns, after so short a space of time. Occasional instances have come under our notice since we last wrote anything on the subject, and we let them pass. But this month we have received so many letters, backed by marked newspapers, and newspaper clippings, complaining of medical men allowing themselves to be puffed in the local press, that, distasteful as the subject is, some notice must be taken of it. The number of complaints is suggestive of an epidemic. "In the spring" a young doctor's necessities force him, apparently, to inspire notices in the papers of his city, town or village, showing forth his skill, especially in surgery. The poor physician has no blood with which to draw an admiring audience of laymen to wonder at his skill.

If we published all the letters we have received this month, our readers would have complaints *ad nauseam*. From the four points of the compass, and from intermediate points they come, some from the East being particularly glaring.

A "Card of thanks" appears in a local paper and the puffed *M.D.* makes no explanation in the following issue of the paper. "Surgical operations" described fully, in such terms that their parentage would be evident to a second year man; "Very successful operation" at a hospital; "Ovarian tumor removed," "Amputation to save life"; are headings of some of the notices sent us. Now there is not one of the medical men whose names figure so conspicuously in relation to these operations, but who could easily suppress such notices, if he so wished, and there is not one of them but knows he is transgressing the spirit of the code in even allowing them to appear, to say nothing of inspiring them. When a paper has, day after day, some item, lauding the skill of one surgeon whose name is given even to the initials, it is hardly in human nature to be sufficiently charitable to suppose that said surgeon is oblivious of the advantage he is gaining over his brethren who do not allow themselves to be noticed in the secular press, as having performed operations, which to laymen seem wonderful. There is no occasion for us to enlarge on this unsavory subject. We wrote on the subject in our January number, and thought we had point-

ed out most of the ways in which members of our profession transgress; but this month's correspondence on the subject shows that there is no limit to the ingenuity of medical minds of a certain grade to find avenues to disgraceful advertising. We have not mentioned localities, and we have been impersonal in our remarks, though some of the instances might warrant different action, and yet we are certain that what "Nathan said unto David" will come home to some of the transgressors.

ONTARIO MEDICAL COUNCIL.

The late meeting of the Council of the College of Physicians and Surgeons of Ontario, held in Toronto, June 8th, 9th, 10th and 11th, was characterized by an unusual amount of interest, in discussion and business. There was a good representation from all parts of the Province. Dr. H. H. Wright, of Toronto, was elected President, and Dr. Henderson, of London, Vice-President; other officers as last year. The address of the retiring President, Dr. Bergin, was listened to with much attention, and we are inclined to think, with more interest than is usually felt in such addresses. When the President of a society feels so strongly, that he openly proclaims his fears that said society has not fulfilled the end for which it was called into being; when he raises the question as to whether it is of any service at all, he is likely to have attentive and interested listeners in those who compose such society, and who are thus, by their own chief officer, held to be useless. Every one is entitled to his own opinion as to the work which has been done by our Council since its inception, but unless we greatly err, the concensus of opinion of the medical men throughout the Province, is that the status of the profession has been vastly improved, and its interests protected by that body. It was an unhappy corporation at its birth, in that many of the members then composing it were not men to whom the profession could look with respect, either for their scientific attainments or personal qualities. But that state of affairs has passed away, and we believe that the Council as it has existed for some years past, has the respect of the profession at large. The special committee appointed to consider this address, reported straight against the cardinal points contained in it, but owing to the absence of Dr. Bergin, the discussion which followed was not as full as it otherwise doubtless would have been. Their report was however adopted and a copy ordered to be sent to Dr. Bergin.

We imagine that too sanguine a view is held by some members of the Council, as to the action which the Home Government may take in regard to licentiates of British colleges being required to fulfil the curriculum laid down by our college. Great bodies move slowly, and before we may look for any such enactment on the part of the Home authorities, the *raison d'être* of such enactment must be clearly defined to them, a matter not of easy accomplishment, for the British mind usually considers that what is good enough for home use, is, to say the least, good enough for the colonies, whether it be pickles or medical practitioners.

The examining body appointed should meet with the approval of all concerned, as they are all good men and well known to the profession. It is to be hoped that Dr. Bray's notice, in respect to the action of the building committee, may be productive of early action in the matter of a new college building.

THE ONTARIO MEDICAL ASSOCIATION

The last meeting of this Association, held in Toronto, June 2nd and 3rd, was in every respect a success. The number of well-known gentlemen taking part in it; the character of the papers and discussions, and the friendly spirit evinced by all, will make it remembered as a time of profit and pleasure to all who were present. Not the least pleasant feature was the presence of some American medical brethren. We are sure they were heartily welcomed, and it is to be hoped that that spirit of mutual acknowledgement of merit between members of the profession of the two countries may continue, and lead to more frequent interchange of thought at our meetings. Especially refreshing and encouraging was the presence of the veteran President of the New York State Medical Society, Dr. Moore, of Rochester. All who listened to the clear, incisive sentences, delivered with the force of full conviction of the truth of what he uttered, must have felt that they were in the presence of a mind matured by years of study and close observation. The address of the

president was a valuable one, and was well received. It is to be regretted that more opportunity was not given for discussion on the cases presented by Drs. Gibson and Yonkers. Such cavalier treatment will not encourage members to undertake the trouble and expense of bringing patients to the association meetings, for no one would be warranted in asking patients to spend their time and money in presenting themselves, were there not some hope of an elucidation of their cases by a general discussion. It is to be regretted that the report of the committee on ethics was tabled, owing to some irregularity. It will however be taken up early at the next meeting. Toronto is again chosen as the next place of meeting, which, considering its central position, and the better accommodation which may be obtained, will be of advantage to the association Dr. Henderson's notice of motion for the appointment of a defence union committee is, we think, timely; and we trust that such steps may be taken at the next meeting as will give adequate defence to practitioners proceeded against for malpractice. The election of Dr. Richardson, as President, is a matter of congratulation to the Society. His popularity and well-known zeal in the prosecution of scientific medicine and surgery make him a most acceptable officer. We anticipate for the next meeting of the Association a greater measure of success even, than has heretofore attended its proceedings.

MORTALITY IN THE MEDICAL PROFESSION.—Dr. William Ogden, in a report published in the *Medical Press and Circular*, shows that the longevity of members of the medical profession is in anything but a favorable condition, and that the death rate in our profession is steadily *increasing*. In 1880-81-82 the mortality among doctors was no less than 25.93 per 1000, while in the same years the legal profession yielded a death rate of 20.23, and clergymen a rate of 15.93 only. Nor is it with the professional classes alone that our calling compares thus unfavorably in regard to its risk to life, for even in the case of workers at some of the most unhealthy trades, *e. g.*, watchmakers, coal miners, chemists, tailors, printers, a greater immunity from death is enjoyed than can be boasted of by those who practise the healing art. "Indeed," continues the report, "to estimate the degree of danger which medical men encounter in this respect, it is necessary to compare our calling with what we are accustomed to regard in the light of 'dangerous' occupations, such as those followed by butchers, woollen manufacturers, painters, plumbers, quarrymen, etc., and even then there is little advantage on the side of the professional laborer"

PERSONAL.—Mr. G. J. Romanes, M.A., F.R.S., a native of this country, has been appointed for five years, lecturer on the Philosophy of Natural History in the University of Edinburgh. Mr. Romanes has, for a number of years, devoted himself to physiological investigation, and has specially interested himself in the elucidation of the difficult problem of the evolution of the intellectual faculties. We congratulate our distinguished countryman on the high honor which he has been paid, and it is gratifying to learn from a contemporary that "There is probably no man in England equally fitted for the office."

MANITOBA UNIVERSITY.—The following are the names of the successful candidates at the recent examination in the above University:—

Final for M.D.—A. Olver, H. L. McInnis, J. R. Steep, G. E. Dixon, G. A. Lacombe, and J. Fawcett.

Final Scholarships.—1st. A. Oliver, $100; 2nd, H. L. McInnis, $60.

C. M.—H. L. McInnis.

Primary Pass.—J. P. McIntyre, R. M. Simpson, D. W. Cowan, F. Goulding, V. E. Latimer, E. A Blakely.

Primary Scholarships.—1st. J. P. McIntyre, $100; 2nd, R. M. Simpson, $60.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The fourteenth annual meeting of the American Public Health Association is to be held at Toronto on Oct. 5th to 8th. The following topics have been selected by the executive committee for discussion: (1) The disposal of the refuse matters of cities and towns; (2) the condition of stored water-supplies, and their relation to the public health; (3) the best methods and the apparatus necessary for the teaching of hygiene in the public schools, as well as the means for securing uniformity in such instruction; (4) recent sanitary experiences in connection with the exclusion and suppression of epidemic disease. Mr. Henry Lomb, who last year

offered prizes for the best essays on sanitary subjects, offers for the present year 1750 dollars to be awarded as prizes on the following subjects: (1) The sanitary conditions and necessities of school-houses and school life; (2) the preventable causes of disease, injury, and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them; (3) plans for dwelling-houses—(*a*) the cost not to exceed 800 dollars; (*b*) the cost not to exceed 1600 dollars.

Treatment of Chancroids.—Prof. Gross treats chancroids (*Col. and C in. Rep.*) as follows, if seen a few days after their appearance: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by the application is but momentary, and is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use a wash:—

℞ Cupri sulphat., ... gr ½
Acid. tannic., ... gr. ij
Aquæ, ... f ℥j. M.

Place a piece of cotton cloth between the glans and prepuce A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

The Cholera.—There is no doubt that this scourge has appeared at Brindisi, and is supposed to have been brought by a P. & O. steamer. A rigorous quarantine has been imposed at all Italian ports on vessels from the Adriatic coast. It is to be hoped that such measures may be taken by the various governments as will prevent its spread westward, and that we in America may be spared, as we have been in the past few years, from so terrible a visitation.

Removal of Foreign Bodies from the Ear.—Following Jonathan Hutchinson's explanation of his method of removing foreign bodies from the ear, Dr. Gramshaw writes to the *Lancet* that he has rarely failed in this operation, by injecting into the ear hot soap suds from a five ounce syringe. He has thus removed cherry-stones, beads, slate-pencils, etc. He is of the opinion that when they are so firmly impacted as not to be removed by this method, the wire loop will fail also.

Treatment of Hydrophobia by Sweating.—Buisson's mode of the treatment of hydrophobia by sweating is being revived in the East. A report from Odessa goes to show that considerable reliance may be placed upon this method. A boy who showed apparently unmistakable symptoms of the disease seventeen days after being bitten, was placed in a bath, the temperature of which was rapidly raised to 42° Reaumur. He became unconscious, but was kept in the bath for one hour. He was then placed in a room at 68° and swathed in cloths. This was repeated twice a day for three days, when he appeared well and has remained so since.

Toronto Medical Society—The following have been elected officers of the Toronto Medical Society for the ensuing year: President, Dr. McPhedran; 1st and 2nd Vice-Presidents, Drs. Nevitt and Machell: Recording Secretary, Dr. Peters; Corresponding Secresary, Dr. Cochrane; Treasurer, Dr. Spencer; Council, Drs. Atherton, Graham, and Reeve.

Canadian Medical Association.—The meeting of the Canadian Medical Association will be held this year in Quebec, on the 18th and 19th of August. Arrangements will be made with the steamboat and railway companies for reduced rates. Owing to the absence of Dr. Stewart in Germany, Dr. J. Bell is acting Secretary, and he will be pleased to hear from medical gentlemen who intend to read papers at the meeting, as early as possible, and also give any other information desired.

Artificial Cocaine.—M. Merck, of Darmstadt, has succeeded in making an artificial cocaine, which is said to possess all the properties of the natural alkaloid. The price of this valuable drug having greatly decreased, it will no doubt soon be found in more general use.

ICE IN DYSPNŒA.—In a letter to the *Lancet*, Dr. Dawson says he has had excellent results from the application of ice to the temples and wrists in cases of acute attacks of dyspnœa in advanced phthisis. He thinks that the lowered temperature checks tissue change, with a corresponding relief to the defective lungs.

TOOTH-ACHE.—It is said that a solution of pilocarpine, two grains to the ounce of water, injected into the temporal region, will cure neuralgia caused by bad teeth. From an eighth to a quarter of a grain seems sufficient to check the pain in the course of an hour.

ROSE COLD.—It is said that a few drops of a 4% solution of cocaine will give relief in rose cold, by its astringent action upon the vessels, as well as by producing insensibility.

M. GINJEOT states that of all measures applied locally to boils the best results are obtained from tincture iodine. He paints the boil with a thick coating, and sometimes a single application is sufficient to cause the inflammation to subside; it is better, however, to make the application several times a day for several days. He does not recommend the early opening of boils, but if evacuation of pus be necessary antiseptics should be used.

EDUCATORS will be interested in the auouncement that D. C. Heath & Co. have in preparation a series of Monographs on Education. Number one of these series will be a *Bibliography of Pedagogical Literature*, carefully selected and annotated by Dr. G. Stanley Hall, Professor of Psychology and Pedagogics, Johns Hopkins University.

The following have been recommended in Angina Pectoris:

℞ Amyli Nitritis . . ♏ xx
Spt. rect. . . . . Fl. ℥j. M.

S. Three to five drops on sugar, every four hours.

Also

℞ Nitro-glycerin . . . ♏j.
Spt. vin. rect. . . . ♏c. M.

S. One drop on sugar, every four hours.

A death certificate returned to the proper authorities by a Cincinnati physician gives the cause of death as follows: "She dide with Liver dease and New Monei."

PROF. VIRCHOW has recently completed his 30th year as teacher of pathology in Berlin. He has been in active practice since 1844.

A MURAL monument is to be erected to Dr. Austin Flint, in Bellevue Hospital.

Books and Pamphlets.

A TEXT-BOOK OF PHARMACOLOGY, THERAPEUTICS AND MATERIA MEDICA. By T. Lauder Brunton, M.D., F.R.S., Lecturer on Materia Medica, St. Bartholomew's Hospital, London. Philadelphia: Lea Bros. & Co.

This work has been in preparation for a number of years, and was advertised from time to time as being in press, but it was purposely delayed by the author in order to enable him to experiment on certain doubtful points regarding the mode of action of drugs, and to give the results of his investigations. The work is well and carefully written, and coming from so eminent an authority, will be fully appreciated by the profession. The physiological and therapeutical action of various drugs on the animal economy have been thoroughly tested by the author, and the results are embodied in the work. Physiological and pathological questions are discussed more fully than is customary in ordinary text books. In the second part of the work on general pharmacy the author has classed together the various pharmaceutical preparations and given lists of them for reference. We commend the work to the special attention of our readers.

A SYSTEM OF PRACTICAL MEDICINE, by American Authors. Edited by Wm. Pepper, M.D., LL.D. Prof. of Medicine, University of Pennsylvania. Vols. III and IV. Philadelphia: Lea Bros. & Co.

The two volumes of this excellent work just published are quite equal to the standard of the two preceding ones and will be heartily welcomed by the profession. The work so far has met with a very hearty reception and is creditable alike to the authors and to American medicine. We regret that we have not sufficient space at our disposal to give it the notice that its merits demand. We can only say that those who subscribe for the work

will not be disappointed. It will not fail to meet their most sanguine anticipations.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Frank H. Hamilton, A.M., M.D, LL.D., late Prof. of Surgery, Bellevue Medical College; Consulting Surgeon Bellevue Hospital, etc. Third Edition. New York: Wm. Wood & Co.

The original intention of the author has been strictly adhered to in the preparation of the work, viz: To supply within the compass of a single volume that kind of instruction most required in this department by students of medicine, and also to serve as a direct and complete guide to the surgeon. How faithfully and completely this has been carried out may readily be seen by a reference to the work. Each department has been treated as concisely as the circumstances would warrant; much of the literature of surgery has been omitted, and only such information supplied as a long experience in teaching and in the practice of surgery have suggested as most needed by students and practitioners. The excellent nomenclature of diseases proposed by the Royal College of Physicians of London, has been adopted by the author, the terms chosen being indicated by the letters R.C. The work is worthy of the reputation of its distinguished author, and the new edition will be heartily welcomed by the profession.

A MANUAL OF HUMAN PHYSIOLOGY; INCLUDING HISTOLOGY AND MICROSCOPICAL ANATOMY. By Dr. L. Landois, Professor of Physiology, University of Griefswold Translated from the fourth German edition by William Stirling, M.D., Professor of Physiology, University of Aberdeen. Vols. I. and II: Philadelphia, P. Blakiston, Son & Co.

This work has been well received in Germany, having passed through four editions since its first appearance in 1880. It is of a most practical character, and more than any other work of the kind bridges over completely the science of Physiology and the Practice of Medicine. After a full description of the normal processes a short *résumé* of the pathological variations is given in the closing part of each section. This is a most interesting feature of the work, and one which cannot be too highly commended. The translation has been performed in a highly creditable manner by the distinguished Aberdeen professor.

PUERPERAL CONVALESCENCE AND DISEASES OF THE PUERPERAL PERIOD. By Joseph Kucher, M.D., formerly of Vienna Lying-in-Hospital. New York: J. H. Vail & Co.

The author has, in a moderate compass, given the views on the management of childbed, and upon the origin and treatment of puerperal diseases as accepted and practiced at the Vienna Lying-in-Hospital. The work is intended for practitioners, and consequently many points are omitted which are of no practical use, and in some cases only the leading principles of treatment are given. The chapter on puerperal fever is full of thought and will be read with much interest and profit by all engaged in midwifery practice. The author holds the view that puerperal fever is nothing else than *septic* poisoning, and has certainly made a strong case. We heartily commend the work to the profession.

HOW WE TREAT WOUNDS TO-DAY, OR ANTISEPTIC SURGERY, FOR BEGINNERS. By R.T. Morris, M. D., Late House Surgeon, Bellevue Hospital. New York: G. P. Putnam's Sons.

The subject matter of this work is given in a most concrete form, but is none the less attractive. It contains a very complete digest of the modern methods of treating wounds antiseptically and is worthy of careful and attentive perusal by every surgeon, whether an advocate of antiseptic surgery or not. There is much to commend in the work, and very little to which exception may be taken.

THE SUPRA-PUBIC OR HIGH OPERATION FOR STONE OF THE BLADDER AND TUMORS. By Sir Henry Thompson. London: J. & A. Churchill.

The modification in this operation by Prof. Peterson, of Kiel, have called attention anew to its advantages. The value of rectal distension first used by Peterson is very great, and has rendered this operation tolerably safe as regards wounding the peritoneum. Sir Henry has performed this operation eight times, six for stone and twice for tumor, and gives the results in this work for the consideration of the profession.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR. By Oren D. Pomeroy, M.D., Surgeon to the Manhattan Eye and Ear Hospital, Second Edition. New York: D. Appleton & Co.

This work will be found very convenient as a work of reference on the diseases of the ear. The

present edition has been carefully revised and about thirty pages of new matter added, but no change has been made in the general scope of the work The author has reason to feel encouraged by the treatment both the present and former editions of his work have received from the press and the profession.

EASY LESSONS IN SANITARY SCIENCE. By J. Wilson, M. D., U. S. Navy. Philadelphia: P. Blakiston, Son & Co.

This work is simple in style and language; brief but correct, as far as it goes, and well adapted for popular reading It deals with land drainage, house drainage, drainage of cities, plumbing, health boards, etc. It will also be found useful to physicians, sanitary engineers and others.

A COMPEND OF THE PRACTICE OF MEDICINE. By D. E. Hughes, M.D., Demonstrator of Clin. Medicine, Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co.

This "Physician's Edition" is based on the revision of the Quiz-Compend Edition, and also includes a very complete section on skin disease. It is merely a compend, as its title indicates, but it is very full and complete. It is well printed, handsomely bound in Morocco, with gilt edges, and will be found exceedingly convenient for ready reference.

VENEREAL DISEASES. By Berkeley Hill, M.D., Prof. of Surgery in Univ. Coll. London, etc. and Arthur Cooper, M.D., Surgeon to Westminister General Dispensary, etc.; Fourth Edition, revised. Philadelphia: P. Blakiston, Son & Co. Toronto, Williamson & Co.

The revised edition of this well-known work will be greeted with pleasure by its numerous friends. The size of the work has been kept down, though new matter appears in almost every chapter. The list of formulæ has been somewhat enlarged. The book will be of great value to the student, comprising, as it does, the main elementary facts relating to venereal diseases.

QUIZ-COMPEND. OF PHARMACY, by F. E. Stewart, M.D., Ph.G., Quiz-Master in Pharmacy, Phila. Coll. of Pharmacy, etc. Philadelphia: Blakiston, Son & Co. Toronto: Williamson & Co.

This little work is very timely. Now that the various examining bodies require a knowledge of pharmacy, the want is felt of a small but comprehensive treatise on this important subject. The present work appears to fill the vacancy admirably. It contains a large amount of information in a comparatively small compass, and will, we are sure, be duly appreciated by students preparing for the pharmacy examination, as well as medical students.

DISORDERS OF MENSTRUATION, by John N. Upshur, M.D., Prof. of Materia Medica and Therapeutics in Medical College of Virginia. New York and London: G. P. Putnam's Sons. Toronto: Williamson & Co. Price $1.25.

This is a very readable book. The author supposes an acquaintance with the anatomy of the parts, as he simply mentions their names with a running commentary on their functions. The author seems inclined to "gush" at times, which detracts from the value of the work. The printing is good, but the orthography is abominable, and sometimes the syntax, or rather the want of it, serves to obscure the sense of the passage. It will be a useful book to practitioners.

ELECTRICITY IN MEDICINE. By Ambrose L. Ranney, M.D., Professor of Anatomy and Physiology, New York, Post-Graduate Medical School and Hospital, etc., etc.: p.p. 147. Illustrated. New York: D. Appleton & Co. Toronto: Williamson & Co.

CHEMICAL ARITHMETIC, by J. Milnor Coit, Ph.D., Master in St. Paul's School, Concord, N. H. Boston: D. C. Heath & Co. Toronto: Williamson & Co.

DISEASES OF THE KIDNEY. By Henry Norris M.A., M.B., F.R.C.S., Surgeon to and Lecturer on Surgery at Middlesex Hospital, etc.; pp. 548, 40 engravings and 6 chromo-lithographs. Philadelphia: Lea Brothers & Co. Toronto: Hart & Co.

MANUAL OF HYGIENE FOR SCHOOLS AND COLLEGES. Prepared by the Provincial Board of Health. $1.00. Toronto: William Briggs.

Births, Marriages and Deaths.

On the 2nd inst., at Parkhill, Ont., Ida E., eldest daughter of James Taylor, Esq., Lisbon, Dakota, to Fred. H. S. Ames, M.D., Brigdon, Ont.

On the 7th inst., Edward M. Higgins, M.D., to Agnes, daughter of the late Charles Crookall, of Berlin.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XVIII. TORONTO, AUGUST, 1886. No. 12.

Original Communications.

THE NATURE AND TREATMENT OF ACNE.

BY T. ROBINSON, M.D., LONDON, ENG.

Physician to St. John's Hospital for Diseases of the Skin.

A great deal of discussion has taken place respecting the word acne; some have asserted that it is a corruption of the Greek noun "acme," or starting point of manhood and womanhood. According to my own opinion and many others, the word is from the Greek "acne": that is, bloom or efflorescence. Be this as it may, we mean now by acne a disease which is most usually found on the face, shoulders and chest, and which histologically is an abnormal condition of the sebaceous glands, their secretion, and the surrounding cellular tissue. We apply the noun with an adjective when we speak of acne rosacea, and for the purposes of description it is best to retain these names which convey a definite significance, and have been used for so many years.

I should join issue with the description of many of the varieties of acne which are described by all dermatologists, because many are simply the result of a fancy of the author. I allude to such compound words as acne indurata, acne punctata, acne coneformis, etc. Here varieties are commonly found on the same subject, and the retention of their use in our vocabulary is confusing and unscientific. I shall divide the disease into three varieties: 1. Physiological acne; 2. Climacteric ne; 3. Rose acne.

But before proceeding to these varieties, let us lance at the histology and physiology of the baceous follicles, which will be found to be in-nately associated with the hair sacs. The se-ceous glands are found in every situation of the itaneous surface, with the exception of the palms of the hands, the soles of the feet, the last phalanges of the toes and fingers, and the glans penis. They are the only secreting glands which are found on the cutaneous surface, excepting the sweat ducts, and they have their analogue in the mucous glands in the interior of the body. The sebaceous glands are sometimes composed of two or three gland lobules which have an excretory duct, which duct rarely opens immediately upon the surface, but as a rule into the hair follicle. There is an exception in the case of the long hairs, such as we see on the skull, pubis, or axillæ; in these situations the reverse is the case, whilst in the pubescent hairs the small hair follicles open into the wide excretory duct of the gland. The gland sac is always situated in the corium, and never unites with the subcutaneous connective tissue. This is why a molluscum contagiosum tubercle rises so distinctly from the plane of the skin. The interior of the gland lobules is occupied by an amorphous mass of fatty matter, and the debris of numerous cells. The development of the sebaceous glands commences at the third month in man. By remembering this fact we are enabled to grasp the reason that some children are born with a hard, inelastic skin, which constitutes the disease known as Icthyosis, which is always congenital, and always incurable, because this gland formation is abolished by an inflammation of the skin which attacks the fœtus in utero.

The function of the sebaceous glands is to give to the hairs an oleaginous secretion, and to make the skin supple, and also for the purpose of protecting it from external irritation. We see this well exemplified in coal porters and others. The constant contact of dust irritates the sebaceous follicle and their secretion is increased in quantity to such an extent that the faces of these men are quite greasy. The hair sac and the sebaceous gland form together a most ingenious contrivance, but like so many other ingenious contrivances they are put out of order by a multiplicity of causes, and it is to these that I must ask your attention. I am met on the very threshold of my subject with this difficulty: How can I separate lichen from acne? And let me here state that I would not separate them clinically. So intimate is the pathological state that it would be far better if we were to group both these maladies as folliculitis, or in other words inflammation of the follicles of

the skin ; but I am loth to abolish names which we have used for years.

We may get out of the difficulty in this way : By lichen we mean a papule, which consists of an imprisoned hair without an adequate secretion of sebaceous matter : and by an acne spot we mean a condition in which the sebaceous matter is plus and the hair minus. I am aware that this is a new way to look at the maladies, but let any candid observer strip a case of lichen, and he will, in a good light, find the lichen spots to occupy the position of a hair, but he will find these spots do not occur in the ordinary acne situations. Let me be clear on this point ; lichen is usually formed on the limbs, outer aspects, sometimes on the chest and back ; or, in other words, it is found where the pubescent hairs grow abortively, but in such situations as the axillæ, the pubis or whisker regions, where the hairs grow luxuriantly, we never find lichen, whilst acne is found on the nose, cheeks, forehead and chin ; or, in other words, it is found where hairs do not grow.

I must say here that I look upon the following definition of lichen as the only one which we can use. It is a papule which is always umbilicated, which has never an inflamed base, and which is always a lichen spot, it never becomes vesicular or suppurated.

Having cleared the ground as well as I am able of this difficulty, let us ask ourselves what it is which stops the mouth of a sebaceous follicle? In the greater number of cases the over secretion of the gland is only an expression of general disorder of the whole organism, in which this secretion takes its part. Persons whose skins are thick and greasy, whose hair and nails grow fast, whose heads are scurfy, who are sleepy and stupid, who look muddy and are often the subjects of stomach derangements, are the subjects of acne. Believing that this over secretion does occur, we must follow out the effect of this bloated gland. The first stage is an elevated spot with a black head which can easily be raised from its bed, and, as we all know, if squeezed a column of sebaceous matter bulges up like a maggot, hence the name comedo (with a black head). This black head is simply due to dirt blocking up the orifice of the gland. If we place this secretion on a slide we find nothing beyond epidermic scales and oil globules. According to Gustav Simon, a six-legged parasite with a long belly is common in these sacs. I have never seen it although I have looked for it many times. If the over secretion of the gland occurs in sebaceous follicles without an excretory duct, we have the round, pearly white bodies which are so common about the eyelids, and in the line of a cut where the ducts would be severed. These white spots are called milium, or better still, white acne.

We pass by an easy transition to true acne. The first stage of comedo is so common that it is really a normal condition of all adult skins ; but where, owing to other causes, this distended sebaceous follicle becomes inflamed, we arrive at a pathological process which will attract much of our attention and task us severely in subduing. The first process is a congestion around the sebaceous follicle, which soon runs into inflammatory action. The source of irritation is due to decomposition in the secretion, and is not a peri-follicular inflammation set up by a distended sac. You can ascertain the truth of this by smelling the contents of a large sebaceous cyst of the scalp which has become inflamed ; the surrounding tissue may be free from any sympathetic process and the contents of such a cyst are most offensive. Many suppurating sebaceous follicles of the face and elsewhere do not give rise to the formation of pus in the neighborhood of the gland, it is essentially an inflammation in the sac—this is the simple form of acne. Where the surrounding tissue becomes inflamed we have other factors at work, such as scrofula or syphilis, and these are the cases which go on for so many years and which cause such frightful disfigurement. I have under my care at the present time several cases where the history is as follows : The patients were the subjects of acne commencing in youth, they have contracted syphilis, and in addition have lived freely and drunk heavily. These cases came to me at intervals, with large bosses of inflamed tissue, especially on the forehead. This tissue as a rule suppurates, and I have in some instances let out as much as half an ounce of pus from one cyst. These are the cases which are designated acne indurata.

There is one kind of cyst which I have not yet found described, but of which I have now seen three examples. The cases which I have met with have all been women, and they have had several semi-transparent cysts on the free edges of the eyelids which looked like boiled sago. I have ex

perienced some difficulty in puncturing these cysts because of the density of their walls. I allude to them because I have not been able to relegate them to any other malady but acne.

If we are to recognize every altered state of the sebaceous secretion as acne, which I for one would encourage, we must take many diseases into the group. In early infancy we find the fœtus covered with a layer of greasy matter, which is the sebaceous secretion that has been accumulating on the child during its intra-uterine life, and we know how much this secretion varies in quantity and consistence. Sometimes it is so tenacious that the nurse has difficulty in washing it off, in others it is absent, then the skin will found be dry and inelastic. When the hair is developing on the crown we often find the sebaceous matter accumulated on the summit in a thick, dirty cake, which gives much trouble, and in those who have an eczematous proclivity this crust begins an eczema, in fact the eczema of infants has its origin, I believe, in all cases in the irritation induced by an altered sebaceous secretion. It is too dense, and that is why cod liver oil internally and applied locally is of such signal service in these cases, it supplies fat to the secretion. Again, during cold weather, when the sebaceous matter is partially frozen like any other oily substance, we shall frequently find round patches of skin dry and scaly, especially on the face, and when this is universal we have what the laity call chapped hands and face, which in etiological phraseology is due to a too thick sebaceous secretion, which is not poured out in sufficient quantity upon the cutaneous surface. We remedy this condition by oil or glycerine, and by avoiding soap, which is an irritant in these cases, because it actually saponifies the secretion which is already too scanty, and we prevent its recurrence by warm gloves. We might reasonably include in our group Icthyosis which, as you doubtless know, is an absence of sebaceous follicles, either on the whole or a part of the cutaneous surface. When the contents of a sebaceous gland becomes so firm that its onstituent elements coalesce we have horn; in oint of fact the horns of the lower animals are imply off-shoots of epithelial secretion, and in our wn species we find the horns of the skin are neither ore nor less than dense sebaceous matter pro-uding from the orifice of a skin gland.

The common boils are always due to retained secretion in a hair and sebaceous follicle. The retention may be due to special callings, such as working amongst tar, which plugs up the orifices, or we find friction producing the same effect. That is why boils are so common on the buttocks of an oarsman or a rider, or around the neck and outer aspects of the limbs, where there is most friction. Carbuncles are due to inflammation of a group of sebaceous glands occurring in those whose general health is feeble from some exhausting cause, such as old age or diabetes. The number of orifices seen oozing on a carbuncle represents the number of sebaceous glands involved in the process. The slough which comes away represents the glands itself and their contents. There is one other condition which I must allude to, that is "molluscum contagiosum." We in this country do not doubt that this is a contagious disease. On the continent they dispute the fact; but there is so much clinical testimony to support the accuracy of the contagious view, that it is impossible not to accept it, although the actual contagium has not yet been discovered. That this interesting disease is due to the invasion of a sebaceous gland by a parasite I do not doubt. The button holes on the pearl button-like little tumors, are the orifices of sebaceous glands. I might also allude to the meibomian cysts of the eyelids, to the steatoma of the skull and of other regions as maladies which are due to an abnormal state of the sebaceous glands. The varieties of balanitis and pruritis vulvæ are, many of them, simply due to a want of integrity in the sebaceous secretion.

After this very wide digression allow me to go back to what is accepted as acne, acne vulgaris if you like. Young men and women come before us at about the age of 13 or 14 for spots on their faces. You find these spots are situated in those parts where good hairs are not produced, such positions as the forehead, cheeks, nose. The inner surface of the external ear is a very common situation for them. These spots consist of black headed pimples, some of which may be in several degrees of inflammation, and if we strip our patients we shall find other and similar spots on the shoulders, over the sternum, and very often on the outer aspects on the arms and legs, and commonly on the buttocks, but the grouping is exaggerated on the face and shoulders. They often itch considerably when they first appear, it is this

itching which caused Mr. Hutchinson to write a paper on what he called Prurigo Astivalis, or Prurigo Adolescentium. The prominent features of this condition were a collection of abortive pustules occurring by preference on the face and upper extremities, and commencing usually at the age of puberty. Are not these tendencies exactly what we find in acne? I should have liked the words Pruriginous acne better. Be that as it may, we have to recognize a form of acne which does itch a great deal. I am anxious to impress this fact, because it has been disputed whether acne does ever itch.

I will now enter into the subject of those constitutional conditions which modify the progress of acne, and in the first instance I should select scrofula as the most common and pronounced of these influences. It is a peculiarity in all scrofulous manifestations that the process of inflammation is slow, and as a consequence not associated with very high constitutional disturbance. We often meet with large collections of pus in the scrofulous which are almost painless, and which are not attended by any elevation of temperature. We see this in the abscesses about lymphatic glands, and it is for this reason that we use the terms "cold abscess." Scrofula is, again, a diathesis, which as a rule is developed during the period of life when the tissues are the most active, that is to say, in the period of growth. We speak of senile scrofula, a well marked series of manifestations, which we meet with in advanced life. We owe Sir James Paget a tribute of gratitude for having been the first to isolate these conditions. Now, do we not find in patients with a skin which is thick and greasy (two conditions essential for the production of acne), and who have a scrofulous tendency, the most pronounced case of what is known as acne tuberosa; in such cases we shall find masses of slowly progressive inflamed tissue around the sebaceous follicles, inflammation which is edious in its progress and most obstinate to treat, and we shall find this state most commonly at that period of life when we most frequently meet with acne, that is from 14 to 25. But we shall also find later on in life some cases which are precisely the same, only they are not so general in their distribution.

Syphilis lends its characteristic colour and progress to acne, and it is most important in any case of skin disease to remember this fact. The constitutional forms of skin disease, when crossed with syphilis, form a group which are more difficult to diagnose and treat than any other condition of the cutaneous surface. Acne is in no way an exception; frequently you will meet with an acne patient who has contracted syphilis, and in addition to the usual course of the disease, you will be baffled by a stain which is left behind when the acute local disturbance has passed away. I have a gentlemen under my care at the present time who has copper-colored staining of the skin which has existed now for two years. I have some notes bearing upon the question of the influence of inherited syphilis upon the course of physiological acne, and I am disposed to believe that the influence of the disease in this form has a most important influence upon the progress of many cases of acne.

You are doubtless aware that a disease has been described as lupoid acne, or sebaceous acne, and I have seen several cases where the sebaceous follicles have been raised above the surface of the skin; these follicles have occurred in patches which have spread from their centres, and sometimes attained great size and caused much disfigurement. The persistence of this form of eruption, the manner in which it advances, and the rough follicular surface of the mass (it looks like the under surface of a nutmeg grater), stamp it at once as a new growth invading the sebaceous follicles, and being a very near relation of lupus erythematosis and acne rosacea.

But by far the majority of cases of acne are not associated with either of these diathesos. I have stated before, and I must again repeat, that three factors are essential to the production of acne:

I. A thickness and greasiness of the skin.

II. Activity in the sebaceous and hair follicles.

III. An abnormal state of the glandular secretions.

The thickness and greasiness of the skin indicate that we have a large development of the sebaceous glands. We find these conditions in the greater number of cases in those with dark, sallow skins, but there are some fair haired people with thick greasy skins. Mr. Hutchinson has in his work on the Pedigree of Disease, a work which came as a revelation to me, a paragraph on acne as a revealing symptom, and in answer to the question, What

does acne in its various forms imply? he has these suggestive words: "We should, I think, have to reply that in the first place it denotes original and heritable peculiarity in the structure of the skin; next, that its common form in young persons usually implies greater or less disturbance of tone in connection with the sexual system." But does not acne imply still more? Do we not find in all our cases of physiological acne a laziness (if I may be allowed the expression) on the part of every excretion of the body, and an altered character in this secretion? These patients are often the subjects of indigestion, and, as they say, bilious; or, in other words, the secreting glands of the stomach are slow in action. The feebleness of the action of the liver modifies the glycogenic process. Are they not again constipated, and does not this constipation point to an altered state of the secretion from the intestinal mucous membrane? If the patients are women, we find the menstrual secretion is scanty and often much changed in character. Again, very many of these patients complain of sexual debility manifesting itself in many degrees, at times even amounting to impotence. If we take a higher flight we shall, if we know them intimately, discover that they are slow of perception, very often unusually lazy, and intolerable sleepers. And not a few from the want of activity in the excreting organs glide into gout as they become older.

Let us ask ourselves one other question: What is it that determines the introduction of acne, and what its decline? We know as a matter of universal observation that, as the sexual life of the organism approaches, the human being developes a second crop of hairs on the pubis, axillæ and limbs, and in the male sex on the cheeks, chin, and upper lip, and where this activity spends itself in the production of vigorous hair, the condition is a natural one, but where this process is spent in such situations as the cheeks, the nose, forehead and chin, where hairs are not produced we find acne pots appear. In women you will find the situations where the hair grows on the male sex very often occupied by acne, and in our sex where the facial hairs are not developed from some inherited peculiarity, acne may occur in the whisker regions. I am supposing in these cases that the skins are thick and greasy. There are happily many hundreds of human beings who cannot produce acne. When once this acne is established it undergoes very many changes. If we watch our cases attentively we shall find any cause which depresses the vitality of the patient, causes the acne to become more pronounced. In women it is very common for a few acne spots to appear on the face during each menstrual period. In men excessive sexual indulgence has the same effect, and masturbation may produce precisely the same result. It is this latter part which has induced some to attribute (without any data I should say) all cases of acne to masturbation. The changes under the lower eyelid which we see occurring at each successive menstrual period, are due to the increased pallor of the skin of the face owing to the loss of blood, and is not in any way increased pigmentation. It disappears too quickly for such to be the case.

The association of the advent of sexual potency and acne has induced the laity to attribute these spots to chastity, and I have even heard this view supported by our own brethren. But there are manifold debilitating influences other than these which foster acne spots. The exhaustion induced by study, by late hours, by bad living, by too close confinement, by want of exercise in the fresh air; each one of these will occur to us all as being more general in their influence upon acne spots than the exhaustion induced by sexual indulgences or bad practices. It is very interesting to note in passing, how dermatologists have looked upon the causes of acne from different standpoints, those who are disposed to view the human race from a gloomy view attribute the disease to sexual excess or masturbation. Whilst the optimist attributes it to excessive chastity and over-continence.

I have one other form of acne to bring before your notice. "The acne of the climacteric period of life." I have made a separate group of these cases because they stand out in many ways as a distinct picture. This is the story. Women who had, during their age of adolescence, acne, arrive at the period of life when the menstrual function ceases, or in other words when their functions as women come to an end. And at this period of life they very often grow a crop of hair, of variable lengths on the upper lip, or cheeks, but more commonly on the chin, and we find in those who have thick follicular skin—that a crop of acne differing neither in etiological or pathological nature from the acne of youth. The common occurrence of

this form of acne on the chin has given rise to the term "chin acne," and it produces a great deal of disfigurement, and is a common condition.

I am anxious to enter on the subject of treatment with a reference to the cause, and I should like to enter my protest against the vigorous treatment of this disease generally advocated. Imagine what we do; we rub into the sebaceous follicles a strong sulphur ointment or lotion with a toothbrush sometimes, and as if to irritate a gland in a high state of inflammation, we scrub vigorously these spots with a piece of flannel and soft soap. Do we wonder that under such a line of treatment our patients pass from one consulting room to another. Such vigorous treatment may open out the orifice of the gland and let out the secretion, but sometimes it does more, it penetrates the gland, sets up inflammatory action in its interior and obliterates the gland entirely, with what result? That an area of skin lubricated by that gland becomes dry and scaly. I know of one instance of a gentleman who had simply obstructed sebaceous follicles on his nose, and he rubbed in from his own prescribing a strong sulphur ointment which set up an acute erythema of his nose, obliterating a great many of the sebaceous follicles, and for a long time he had to supply this deficiency by applying grease. I watched the case for twelve months but he made no progress towards improvement. If we think for a moment of the indications for treatment, we shall not commit this error. In the comedones, you will improve the condition of the sebaceous gland by washing the face with good soap and rain water every night. Cold water is the best because it stimulates the gland and makes it contract, and in the morning let the face be gently sponged with a very mild stimulating lotion.

The following recipe is a very excellent one:

℞ Hydrarg. perchloridii . . gr. ii
Tinct. Benzoin Co., ... ℥ii
Emulsio. Amygdala, ad. . . . ℥vi M.

And give the patient internally a medicine with the double acids in infusion of gentian, three times a day, and a claret glass of Pullna water every morning.

The selection of food is of importance. Cut out of the dietary pork and veal, and hashes and stews, pastry, and an excess of sugar. Make your patients eat whole meal bread and good butter three times a day, and some good sound red wine, and what is most important, plenty of salt. Ask them to stimulate their skin by cold spongings; to sleep in a pure air, and oxygenate their blood by exercising several hours a day in the fresh air.

Where your patients have a family history of scrofula or other signs denoting the malady, let them have in addition to the above remedies cod liver oil.

Where there is a syphilitic tendency mercury must be used, and iodide of potassium forbidden, the latter remedy will induce acne, as will bromide.

The local condition often requires very careful management. Where a sebaceous follicle is suppurating, encourage the pus-forming process by hot applications, and as soon as you are sure it is present let it out, but make a very small opening or you leave scars.

In some acne spots the collection is in a closed follicle, a blind boil as people say, and your remedy here is to puncture where the inflammatory growth is heaped up around a sebaceous follicle.

The following solution used by Sir Erasmus Wilson is most valuable:

℞ Sp. vini rect. . . . . ℥v
Aeth. sulph. . . . . ℥iij
Mix and add—
Gum Mastichus . . . . . ℥xxv.
Dissolve these two.
Then add—
Iodinii. . . . . ℈ij.

This must be painted on the papule, and let it remain on, which it will as a thin film, until the scale falls off. It will be necessary in some instances to abolish a sebaceous follicle which is frequently filled with pus. This can be effectually accomplished by touching the mouth with the acid nitrate of mercury of the Pharmacopœia.

I should be sorry to convey the idea that acne is easily cured; far from it. I question whether we ever cure acne in the strict sense of the word. The exciting cause runs on for some years, and you cannot check it. You may safely promise your patients that they will be better in the future, and you can always do them great good by following the lines which I have laid down for treatment. Tell your patients the acne spot is only a danger signal, hung out in a conspicuous place so that we may see it, and that this danger signal must like other such indications be attended to.

MEDULLARY CARCINOMA OF THE LIVER AND SINGLE GALL STONE.

ALEX. FORIN, M.D., C.M., MELROSE, ONT.

On December 10th, '85, I was called to see Mrs. M. æt. sixty-five. Complained of pain on right side over region of liver, sensitive to slight touch, pain not increased by pressure. Upon enquiry, found that patient had had a fall on the evening of Dec. 6th but with no serious result; on turning over in bed on the morning of the 10th had experienced a sharp pain which could not be located except in right side. I gave Hydrarg. Chlor. mit. gr. vi. followed by saline, also warm applications externally. In two or three days she had recovered almost entirely, prescribed Acidi Nitro Mur. dil. in.x. Tr. Nuc. Vomicæ m. v. after each meal. On March 6th, '86, was again called to find a recurrence of the sharp cutting pain, described as of a cramping nature, in the liver. I then diagnosed a large gall stone in the gall bladder that had made two attempts to pass through the duct, but had fallen back into the bladder. I prescribed ether sulph. and turpentine one hour before meals continuing the former mixture after meals. The severe pain did not long remain, but left a soreness. In making examination thought I could feel nodules, and on making enquiries, found that her father had died of a cancer, and a brother died from what was called by some catarrh of stomach, although others say cancer was the cause of death. I expressed my fears of cancer to the husband but charged him to keep it from the knowledge of the patient. On March 25th, patient had a return of severe pain which persisted some days; my idea was that the gall stone had become engaged in the duct. I gave opiates, and warmth externally; considerable nausea and vomiting occurred which increased the pain. Although patient was not confined to her bed, she was gradually growing more feeble but not emaciated to any extent, being quite fleshy. On April 2nd, noticed signs of jaundice and ascribed it to impacted gall stone, and involving of substance of liver by the cancer. The bowels were kept open. The appetite was fair. Being necessitated to leave for a week or ten days, I did not see patient until April 16th, when I found her still moving around, but weaker and jaundice more marked. Put her on olive oil treatment, two ounces per diem, seemed to improve and spent a portion of each day (weather permitting) driving or walking out of doors, but withal a gradual failing was perceptible. I expressed myself anxious for a consultation and Dr. W. J. Gibson, of Belleville, was called in. After a most thorough examination into the history of case and condition of patient, he agreed with my diagnosis of impacted gall stone, but finding the left lobe considerably enlarged downwards and to the left a doubt was expressed whether it was distended gall bladder or a tumor, malignant or otherwise in substance of the liver. Patient never having experienced any chill, this excluded pretty well any inflammation, and absence of fluctuation excluded abscess, although from the fleshy condition present a very satisfactory examination was not easy. Dr. G. not seeing the necessity of changing treatment I continued it with the addition of a tonic before meals, and ale and porter, but patient gradually sank. The fæces were the characteristic white or blue clay color, urine highly charged with bile salts, jaundice persisting, appetite gradually failing until May 13th, when patient died.

A post-mortem examination being held I found the whole liver involved with medullary carcinoma. It was firmly adherent all around. The left lobe had reached over into the left axilla, it was adherent to stomach which had been perforated, and the result of the breaking down of the liver was that its detritus emptied into stomach giving rise to a black vomit which I could not account for ante-mortem. Drs. Gibson and Yonker, of Belleville, with myself, afterwards dissected the liver and made an incision through right lobe and found it all involved, but firmer in region of gall-bladder as if tumor had started at that point; the gall-bladder was contracted; upon opening it we found the walls about three-eighths ($\frac{3}{8}$) of an inch in thickness and firmly contracted upon a single gall stone, which had partly entered the duct. The gall stone was about the size and shape of a robin's egg, weighing when dried forty three grains. Now the questions arise: How long has this gall stone been forming? Was the irritation caused by it the direct cause of the cancer? Has this cancer formed since the first attack of pain, Dec. 10th?

It seems strange that the gall stone was present and did not cause any irritation perceptible to

patient previous to 10th Dec. Excepting the attacks described above, patient had always been very healthy and active. The gall stone might have been present for some time, but had become encysted or fastened to wall of gall-bladder, and the fall of Dec. 6th may have loosened it. I would be glad to hear through the medium of your journal any suggestions as to mode of treatment.

I might here mention the advantages, and the satisfaction to both the friends and physicians, gained by holding post-mortem examinations in such cases, a thing altogether too rare; not that in this case much has been learned by us as to mode of procedure in future similar cases; but the friends have the satisfaction of knowing, that although they engaged a young practitioner, still, not much could have been done by any one, more than to alleviate the patient's sufferings. And the friends will not be told, that if they had but called Dr. W, or Dr. X, *old* and successful practitioners the patient's life would have been saved, or, if they had but tried soot and cider as was counselled by some in this case for the *jaundice*, all would have been different now.

Correspondence.

THE COMING MEETING OF THE DOMINION MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

DEAR SIR,—I am glad to know that a number of the profession in Western Ontario are taking an active interest in promoting the success of th: coming meeting of the Dominion Medical Association at Quebec on the eighteenth of August. Seldom does such an excellent opportunity present itself of enjoying all the advantages of the Association meetings, and at the same time having such an enjoyable trip with their families at the favorable rates which have been secured. Such a holiday trip as this promises to be could not easily be surpassed, and only six or seven days' absence will be necessary. I beg to suggest that members of the profession from Ontario who purpose going, make their arrangements to leave Toronto by the mail steamer on Monday afternoon, August 16th, at 2 o'clock. In this way Quebec will be reached on Wednesday morning, the 18th, in good time for the opening session. The social advantages which this trip offers are apparent to every one, and I believe the medical men who purpose attending the coming meeting will have a most enjoyable time. These few lines are written with the hope that they may induce some who need a pleasant holiday trip, to take advantage of the arrangements which the secretary of the association has provided.

Yours, &c.,

July 20th, 1886. MEDICUS.

Selected Articles.

SLEEPLESSNESS.

One of the most common morbid conditions the physician is called upon to treat is sleeplessness. It prevents the invalid from improving; it cuts down the busy man's capacity to work; it lowers the condition of all subject to it. And certainly it is often very intractable.

Functional activity involves a full supply of arterial blood; and an anæmic condition is an essential matter for quiescence in all viscera. When we drop off to sleep the blood supply to the brain is greatly reduced; and is merely sufficient for histogenesis. During its quiescence the wear and tear of the viscus is repaired. Synchronous with this diminution of the blood supply a lethargic condition of the cerebral cells sets in probably; but about this factor we know little positively, and can only speculate.

Narcotics are agents which retard the blood flow to the brain as well as paralyze the activity of the brain cells. Some members of the group, like opium and alcohol, have a distinct preliminary stage of excitement; and by education it becomes possible to have excitement only from doses of either which would narcotize swiftly those unaccustomed to either agent. The stage of excitement is followed by lethargy. Other agents, as chloral and the bromides, if they possess any primary exciting action at all, possess it in so small a degree that it is not measurable. They are direct and simple depressants alike of the cerebral cells and the cardiac ganglia; by which latter action they lessen the blood-current flowing to the brain. Keeping this fundamental matter well in view, it becomes possible to rationally consider and reflect upon some conditions of sleeplessness, and the best measures to adopt for its relief in each case.

One good broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium having a pro-

nounced effect upon the sensory portion of the brain as an analgesic, is the drug *par excellence* in sleeplessness due to pain, and especially osteal and periosteal pain. Whenever there is a morbid condition in tense tissues, as a syphilitic node, for instance, pain on going off to sleep is set up by that dilatation of the blood vessels of the system generally which is essential to brain depletion. The effect of the pain is to rouse the brain into wakefulness. Where such a complication exists it is well to combine the opiate with some potent depressant of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end.

Graves, of Dublin, laid down a sound and wise rule as to the administration of opium. He gave it about half an hour before the usual time of falling asleep, so that its primary stimulant effect gets over, and its secondary narcotic action is in play synchronous with the force of habit in going to sleep. By observing this rule it is often possible to secure sleep with a minimum of the drug.

In the high blood-pressure of gout and Bright's disease chloral gives the best results. In sleeplessness from excitement, too, chloral is of great service.

In peripheral irritation, as in the reproductive organs for instance, the bromides are specially indicated.

There is one matter to be ever borne in mind about narcotics, and it is this: Opium and alcohol do not produce such pronounced cerebral anæmia as follows the resort to chloral and the bromides. The brain-bloodlessness set up by chloral and the bromides lasts into the next day, and the sleepless man who takes either (in order to get some sleep) pays the penalty next day in impaired brain-capacity. They are consequently deadly agents to adopt. The alcoholic "night cap" of our forefathers was infinitely less injurious than the toxic sleep-bringing drugs of their teetotal descendants. Indeed, the preliminary stage of excitement is often the means of procuring refreshing sleep. A short anecdote will illustrate what is meant.

A friend of mine, a worthy fellow in other respects, was liable to bouts of drinking. After one of these flings his wife said to me: "My husband sleeps so badly, has miserable dreams, and wakes unrefreshed." It turned out that his medical man would only permit him some marsala. My counsel was to this effect: "Half an hour before his ordinary time of going to sleep give him a pint of the strongest bottled ale, Burton No. 1. This will make him feel comfortable to go off to sleep and he will sleep happily and awake feeling refreshed." The result was as predicted.

Sometimes tonics which fill the brain with blood in the day are followed by a corresponding anæmia of the brain at night, and thus act as narcotics. This was well seen recently in the case of an inpatient at Victoria Park Hospital. She has been taking a mixture to soothe her stomach, with a mild narcotic pill at bedtime. One day my clinical assistant drew my attention to the fact that she was sleeping badly. My remark was: "We will not increase the dose of the narcotic, but flood her brain with blood in the day by some quinine and strychnine, as her stomach is now getting all right. And this heightened brain vascularity in the day will be followed by a corresponding reaction at night." Again the desired result was attained.

Not uncommonly a patient, often a person convalescing from some debilitating malady, will complain of feeling sleepy when going about in the day; but as soon as the head is laid upon the pillow the opposite condition of wakefulness sets in. The brain perched at the top of the organism is depleted when the patient is upright, the blood falling away into the slack and unfilled blood vessels, and so is lethargic and sleepy. When the head is laid down on the pillow the blood flows into it freely and sleepiness gives place to wakefulness. In such conditions it is well to tone up the blood vessels by the administration of digitalis along with the tonics in the day, after which the sleepiness in the day disappears; while sleep comes on naturally on lying down, especially if a high pillow be used.

A much more frequent matter is sleeplessness due to cold feet, and especially common is this with women. On inquiring it will be found that they have cold feet, and very often this coldness extends far up the lower extremities. The consequence of this arterial contraction in the vascular area of the legs is sleeplessness. The arteries and arterioles of this area do not dilate, and consequently the brain is not depleted. It is impossible to woo "Nature's sweet restorer" without remedying the vascular condition of the lower limbs. To warm the feet at the fire simply leaves them more icy cold than before, when they come into contact with the chilly bed-clothes. A warm bottle in bed is a comfort; but if the feet be rubbed (with a rough towel or bath gloves) till they glow with natural heat, then the hot bottle becomes trebly effective.

If the reader will just reflect a few moments upon the relations of cold feet to sleeplessness, he will see the force of what is said, and will also often be able to procure sleep without resort to narcotics—a matter of no little moment when their effect upon the liver and the assimilation is remembered. These unsought but unavoidable consequences of narcotics are such as to often render their exhibition most undesirable, and to induce one to turn in any direction which will do away with the necessity for resort to narcotics.

The subject has such a practical value as to make it worthy of the consideration of all men

who wish to succeed in practice; and who believe that one of the best means to that coveted end is to be able to do good to the patients who seek their aid.—Fothergill in *Med. Brief.*

CONSANGUINITY IN MARRIAGE.

Dr. E. S. McKee, of Cincinnati, lately read a paper before the Ohio State Medical Society, in which he introduces statistics on this question, gathered from England, Scotland, and Ireland. He draws the following conclusions from his researches on the subject:

1. Like breeds like, good or bad, entirely independent of consanguinity.

2. Evil results have undoubtedly followed consanguineous marriages, but whether dependent upon consanguinity is extremely doubtful.

3. Intemperance, luxury, dissipation, sloth, and shiftlessness, as well as hygienic surroundings and innumerable other causes, among them the depraved moral state dependent on births the result of incest, should bear much of the responsibility laid at the door of consanguinity.

4. Testimony is often weakened by religious or other prejudices.

5. Data are of doubtful reliability, full of flaws and false reasoning. The noted cases are the unfortunate ones. The favorable are unknown or forgotten. It is the ill news which travels fast and far.

6. We as physicians know that there is much more illicit intercourse than is generally discovered. May not many people be related, though not aware of it. Many marriages may thus occur between relatives presumed to be non-relatives, thus again vitiating statistics.

7. Statistics show about the same proportion of deaf-mutes, idiots, and insane persons, descendants from consanguineous marriages, to the number of those unfortunates, as the number of consanguineous marriages is to the whole number of marriages. They show fertility among the consanguineous to be slightly greater than among non-consanguineous. They also show a somewhat greater frequency of retinitis pigmentosa.

8. Atavism explains fully the fact that in some instances healthy consanguineous parents beget unhealthy children. This, as is well known, occurs in most hereditary troubles. Furthermore, a less superficial examination may show this healthfulness to be only apparent.

9. Evil results in the offspring of consanguineous marriages prove that *something* was wrong. That it was the consanguinity has not been proven. It may have been one of a hundred things, and dependent upon on all of the antecedents for generations. Such results remaining absent after these marriages prove, for that case at least, that consanguinity was harmless, for it was known to be present. Further, if consanguinity was the cause, the effect should follow where the cause is present.

10. Consanguineous marriages which bring together persons having a disease or morbid tendency in common are dangerous to the offspring. Not, however, one whit more so than the marriage of any other two persons not related, yet having an equal amount of tendency to diseases in common. Conditions present in both parents, good or bad, are simply augmented, and the result would have been the same were they not related.

11. Given, a malformation or disease firmly established, we have a tendency to breed true. Given, a defect or peculiarity in a family, race or sect, this will naturally be propagated by intermarriage, *e. g.*, color-blindness is remarkably hereditary among the Jews and Quakers. The Quakers are educated to abhor color. Those who admire color separate themselves from the sect and thus intensify the tendency in the remainder. The defect has probably crept among the Jews, and is kept up and intensified by intermarriage. The same means has also had its effect among the Quakers.

12. Certain inherited diseases—as scrofula, phthisis, and rachitis—which are ascribed to consanguineous marriages, probably in every instance could be traced back to an ancestor.

13. Man is an animal, anatomically, physiologically, and sexually. He is subject to the same laws of propagation. In-and-in breeding in animals is carried on to an extent not only not permissible in the human species on moral grounds, but also beyond the bounds of human possibility. Yet this is done by cunning breeders to improve the stock and put money into their pockets. The Jersey cattle have been bred for the last hundred and fifty years on a small island, six by eleven miles. You would not raise them for beef or oxen, yet they command a high price for their milk and butter. This was probably the recommendation of the first cattle on the island, and this quality has improved from that time to this through in-and-in breeding.

14. It would be better for the offspring were consanguineous marriages under medical supervision. Certainly no better than for all marriages to be under like supervision.

15. The half a hundred abnormalities ascribed to consanguinity, including almost all the ills that flesh is heir to—among others, whooping cough—approach the ludicrous.

16. The factors which lead to consanguineous marriages are, portions of country geographically isolated or mountainous, rendering communication with the outside world difficult; religious or political sects of an exclusive nature, and aristocratic ideas. As examples, note the percentage of consanguineous marriages in Scotland, 5.25 per cent.,

to those in England, 3 per cent.; the preponderance in Martha's Vineyard, the commune of Batz, and among the Jews and Quakers.

17. The facts do not warrant us in supposing that there is a specific degenerative effect caused *ipso facto* by consanguinity.

17. Consanguineous marriages, no other objection being present, should not be opposed on physiological grounds.

THERAPEUTICS OF EPILEPSY.

If one may be permitted to be aphoristic on subjects like this, I would express my views regarding the therapeutics of epilepsy as follows:

I. Diet, exercise, and proper hygienic treatment, including baths, rank above all other single therapeutic measures.

If I had to choose between them and bromides even, I would select the former. On the whole, I fear that the reign of bromides has made the condition of epileptics more miserable than it was before, and has done our patients an actual harm. At the best, not more than five or ten per cent. of epileptics can be cured, while the majority are reduced by bromides to a state of physical enfeeblement and distressing mental hebetude. Besides, physicians now fly to the bromides, and trusting to them, neglect the searching inquiry into the exciting cause, or the careful direction of the patient's habits, which are so essential.

All medical experience unites in ascribing benefit to judicious regulation of diet and exercise. The only difference of late years is that we do not now believe epileptics should be starved.

Epileptics should live on plain, easy digestible diet, containing a preponderance of fat. A special meat diet, or milk diet, or farinaceous diet, is not injurious nor curative. It all depends upon the patient. A meat diet may be best if the patient is lithæmic or has a fermentative dyspepsia. A milk diet is especially useful for children and erythritic women. The meals should be small, and, in case of voracious appetite, four, five or six light meals a day should be given. No heavy meal should be taken within four hours of sleeping. Indeed, no heavy meal should ever be taken by epileptics. Special diets have often to be rigidly laid down simply as a matter of discipline, since patients will not follow any general directions. I believe that the urine and digestive functions should be carefully studied, and that thus we shall find indications for selecting the right kind of food.

II. The bromides take the second rank in the treatment of epilepsy.

All bromides act alike in this disease. If one does not cure, another will not. Occasionally changing and mixing reduces the attacks for a time, and benefits the stomach.

III. The best bromides are those of potassium, sodium, ammonium, and hydrogen (hydrobromic acid); possibly we may add nickel.

Bromide of potassium is the most trustworthy.

Bromide of sodium is more agreeable to the taste, less irritating to the stomach, and milder in its effects, but is eventually just as depressing as other forms.

Bromide of ammonium has a brief stimulant effect on the circulation.

Hydrobromic acid is useful in those cases in which there are indigestion and phosphaturia, and an alkali is contra-indicated. It produces acne less readily than the alkaline bromides.

IV. Bromides should be given in daily doses of 3 j, increased gradually until the attacks are suppressed, or the dose reaches ℥ iv to ℥ j daily. Few patients can tolerate more than this latter dose. Thorough bromidization should be always tried if necessary to stop the fits, and it may be occasionally repeated. But bromidization is sometimes injurious, even making the disease worse, and it must always be employed with caution.

V. When the fits are suppressed the bromides should be carefully reduced, but never entirely stopped for at least two years after the last fit.

VI. In most cases, and especially in nocturnal epilepsy, an extra large dose of bromide should be given at night.

VII. It is very important that bromides should be chemically pure, and their use should be continued a very long time, and that their depressing effects should be offset by tonics and all possible roborant measures.

VIII. The best non-specific adjuvants (drugs) to the bromides are potassium iodide (in syphilitic epilepsy), potassium bicarbonate (in lithæmic and rheumatic states), carbonate of ammonium, the hypophosphites, arsenic, iron, and quinine.

IX. The other chief adjuvants to the bromides are diet, exercise, a regular life, hydrotherapy, counter-irritation on the neck, and, in the line of drugs, zinc, belladonna, strychnine, valerian, and the nitrites. Combinations of bromides with the other drugs mentioned will lessen attacks when bromides alone will not.

Other drugs which sometimes help the bromides are digitalis, Cannabis indica, ergot, conium, chloral, the salts of copper, picrotoxin, and borax. None of these do any permanent good alone, and their value as adjuvants is not uniform or generally conceded.

X. The best substitute for the bromides when these do no good or do harm, are belladonna, zinc, strychnine, glonoin, borax, and alteratives.

XI. Bromides stop the fits in from five to ten per cent. of cases, oftener if given early in the disease, if given to young children, and if given in cases that develop after twenty-one.

Bromides lessen the fits in from eighty to eighty-five per cent. of cases.

Bromides do no good, or do actual harm, as regards frequency of attacks, in from five to ten per cent. of cases. Bromides do no actual good to the patient in a much larger proportion of cases.

XII. To prevent bromide acne, arsenic, calcium sulphide, baths, and diuretics are the best measures, or hydrobromic acid may be used.

To prevent bromidization, adopt all possible roborant measures: use salt-water baths and regular physical exercise, give black coffee, caffeine, cocaine, mineral acids, strychnine, bitter tonics, cod-liver oil, or give large doses of the bromides every three days only.

In all cases dilute the bromide, preferably with carbonic acid water on Vichy, in the proportion of six ounces of water to a scruple of the drug.

The continuous administration of an alkaline bromide in an alkaline water sometimes effects the bladder, and then the bromides can be given dissolved in hydrobromic acid.

XIII. The remedies that are especially useful in *petit mal* are, after the bromides, belladonna, glonoin (?), Cannabis indica (?), cod-liver oil, ergot (?), counter-irritation at the back of the neck, and cold spinal douches.

XIV. For epilepsy in children, besides the bromides it is advisable to employ a milk diet, rest, and oxide of zinc. Belladonna, if tried, should be given cautiously.

XV. For adults and chronic cases, use the bromides, belladonna, iodide of potassium, and ammoniated sulphate of copper. Oxide of zinc is here of less value.

XVI. For nocturnal epilepsy, increase the dose of bromide at night, and add chloral or digitalis. Give also, if needed, strychnine. Raising the head of the bed or making the patient sleep in a chair at night, are measures to be tried.

XVII. For hysterical and erythritic cases, with or in place of bromides, give a diet of vegetables. Try turpentine, valerian, or zinc. Belladonna is usually contra-indicated.

XVIII. Counter-irritation by means of blisters, issues, and setons at the back of the neck, is a useful adjunct to treatment, especially in *petit mal* and in cases with mental derangement.

XIX. For the status epilepticus, give large enemata of chloral, and use emetics and purges. Venesection is often efficacious, morphine is dangerous, chloroform is only palliative, and nitrite of amyl is of little value.

XX. To prevent impending attacks, the best remedy is nitrite of amyl, which may be carried in a phial filled with cotton. Inhalation of chloroform or ammonia, the internal administration of ammonia, spirits of lavender, or alcohol, a sternutatory, and pressure on the carotids—all are measures which sometimes stop the attack.

XXI. Alterative and habit-breaking drugs, such as mercury, iodide of potassium, arsenic, antimony, are useful in epilepsy.

XXII No surgical measures upon ovaries, uterus, testicles, cranium, or elsewhere will cure an established long-standing epilepsy, except in rare cases. Such operations, if done, should be undertaken early, before the patient has had an excessive number of fits.—Dr. Dana, in *N. Y. Med. Jour.*

Lung Test in Infanticide.—Sommer, of Dorpat (*Viertelj. f. gericht. Med.*) furnishes a contribution to the controversy which has been carried on for over three years, as to the effect of Schultze's method of artificial respiration on the reliability of the hydrostatic lung test in cases of infanticide. It will be remembered that, in 1883, Runge called attention to the fact that Schultze's method of swinging the child was not only efficient in causing apparently dead newborn children to respire, but was also capable of more or less distending the lungs of really stillborn children; and he therefore urged the importance of bearing this in mind in cases of alleged infanticide. The possibility of such inflation being produced in the dead child by Schultze's method—whereas it is well known that all previous methods of artificial respiration have failed to produce such an effect—is, apart from actual direct experimentation on the dead, rendered more likely, since Torggler has recently shown, by a series of careful experiments (*Wien. Medic. Bl.*, 1885, Nos. 8 10), that Schultze's method is of all methods of artificial respiration the most certain in restoring newborn children. Direct experiment on the dead is attended with difficulty, since it is in the great majority of cases difficult to prove that the inflation of the lung was not produced by some unobserved inspiration during or after the birth of the child. Hence so eminent an authority, as Hofmann, of Vienna, maintains that the air found by Runge and others in the lungs of stillborn children, after manipulation by Schultze's method, has really entered the lungs before, and is the result of aborted natural respiration. He himself has made the experiment with absolutely stillborn children, but found no air in the lungs. It is alleged, however, by Runge, and those who agree with him, that the children with which Hofmann made his experiments were not full-grown fœtuses, and that immature fœtuses (eight months and under) are known not to have their lungs affected by Schultze's method. This allegation appears to be borne out by a reference to the children operated on by Hofmann.

Prof. Schauta has written a paper in which he supports Runge; while, in a still more recent paper, Dr. Nobiling takes the side of Hofmann. Sommer, who is Runge's assistant, now takes up

the pen in defence of his chief, and produces the protocols of two cases in Runge's clinic which appear to place it beyond doubt that Schultze's method is capable of more or less inflating the lungs of stillborn children so as to simulate respiration. Both children—one of which was a twin—were mature, or nearly mature, and both were ascertained by auscultation, and otherwise, to have been alive to within a short time of the completion of their delivery, previous to which they were with great certainty ascertained to have died, and before there was any possibility of their having breathed—in one case before the membranes had ruptured. In each case the child was swung thirty times, according to Schultze's method. On opening the chest the lungs in both children were found to be distended and mottled; and although they did not swim in water when attached to the thymus and the heart, they floated readily by themselves, as did also the greater number of small pieces into which the lungs were divided. The only uninflated portions were toward the base of the lungs. This confirmation of Runge's results is becoming the more important, since nurses are now being trained in several parts of the world in the practice of Schultze's method of artificial respiration. It adds a new difficulty to the many difficulties attending the medico-legal investigations of cases of alleged infanticide.

TEA-DRINKERS' DISEASES.—It is not a little curious that the diseases arising from the wrong use of tea should be met with in greater frequency in countries foreign to its growth. It might have been supposed that where production went on there would be found those evils that attend the consumption of tea in their greatest extent; but such does not appear to be the case. The diseases due to tea are well known to doctors, but the public seem to be strangely indifferent to the teachings of their medical advisers in these matters. Recently in France M. Eloy has reminded medical men how vast is the number of diseases owning an allegiance to the dominion of Queen Tea. The list of headings in M. Eloy's paper is well calculated to arouse attention, and, we hope, to lead to some abatement of this widespread disorder. America and England are the two countries that are afflicted most with the maladies arising from the excessive consumption of tea. Individuals may suffer in a variety of ways. It is customary to speak of acute, subacute, and chronic "theism"—a form that has no connexion with theological matters. It is possible to be a "theic" by profession or a "theic" by passion. The predominance of nervous symptoms is a characteristic of theism; general excitation of the functions of the nervous system may be observed; or the weakness may be noted more especially in the brain as distinguished from the spinal cord. Perversion of the sense of hearing is not at all an uncommon symptom—patients hearing voices that have no real or objective existance. The irritability that overtakes women so frequently may sometimes be clearly traced to an excessive indulgence in afternoon tea. It is a mistake to suppose that it is the poor sempstress who is the chief sufferer from theism. No doubt the tannin which tea that has been standing long contains does a great amount of mischief, but the derangement that it causes hardly belongs to that class of diseases with which we are at present concerned. Rather does theism belong to that genus of disease in which morphinism, caffeism, and vanillism are found. The habit of tea-drinking is one that grows on its victims like the similar ones of opium or alcohol. Taken in strict moderation, and with due precautions in the mode of preparation, tea is, like alcohol, a valuable stimulant; in its abuse there is also a certain analogy. There is hardly a morbid symptom which may not be traceable to tea as its cause. This is a fact that general practitioners often use to their own satisfaction and to their patient's advantage, if it happen to be that kind of patient who does not object to make some sacrifice in order to be rid of troubles.—*Lancet.*

MEDICAL NOTES.—Prof. Bartholow gives hydrocyanic acid for two or three days, followed by calomel, in the treatment of the *round worm.*

For *myalgia*, Prof. Da Costa prescribed the following lotion:—

℞. Chloral., ℥j
Lin. saponis comp., f℥ij M.

Prof. Bartholow treated a case of *intercostal neuralgia* by the local application of a cone of chloral and menthol, moulded by the aid of spermaceti.

Nasal polypi can sometimes be destroyed by—

℞. Acid carbol., ♏iij
Aquæ, f℥j M.

SIG.—Inject a few drops into substance of polypus. (Sajous.)

Prof. Parvin treated a case of *chorea* as follows:

℞. Liq. potas. arsenitis, gtt. ij
SIG.—Take at meals.

Also—

℞. Hyoscyamin. sulph., gr. $\frac{1}{100}$
Sodii brom., gr. v M.

SIG.—To be taken in solution ter die.

Prof. Da Costa treated *facies* with the following, with good results:—

℞. Liq. potas.,
Glycerini, āā f℥ss
Aquæ, f℥iij M.

SIG.—Use as lotion to soften old crusts.

℞. Hydrarg. chlor. corros., gr. iv
Aquæ, ℥j. M.
Sig.—Use as wash, twice daily, to parts affected.

Dr. Jurist recommends the following in various conditions of the *throat* requiring a gargle :—

℞. Tinct. guaiac. comp.,
Tinct. cinchon. comp., āā f℥ij
Potas. chlor., f℥j
Mel dep., f℥j
Aquæ, q. s ad f℥iij
Sig.—As a gargle.

Prof. Bartholow had at his clinic a patient with *hepatic colic*, who was not jaundiced. The stone may be of such a size that suffering is produced by its passage through the cystic duct, while it passes without pain through the common duct, and without obstruction ; therefore jaundice is not produced. To keep the bile alkaline and so prevent the further formation of gall stones, give peristently sodium phosphate.

From a lecture recently given by Dr. Hearn, the following was taken regarding treatment of *gonorrhœa :*—

For first stages, a mild diet ; avoid excesses, especially of drink ; locally, hot-water baths for penis, also hot-water injections, together with the antimonial saline mixture. or—

℞. Potas. citrat., gr. xx
Sodii bromid., gr. xl M.
Sig.—Ter die.

In second stage, resort to copaiba, cubebs, and especially was oil of sandal wood recommended. Copaiba could be given in a mixture of acacia syrup and water, together with citrate of potassium, or in syr. sarsaparillæ with cubebs.

In third stage, use one of the following as injections :—

℞. Plumbi acet., gr. ij
Zinci sulph., gr. j
Aquæ, f℥j M.
Sig.—As injection.

℞. Hydrarg. chlor. corros., gr. j
Liq. calcis, f℥j
Aquæ, f℥xij M.
Sig.—As injection.

If discharge persists, use steel bougies, three times a week.—*Col. & Clin. Record.*

White Swelling of the Knee.—In a paper read before the Med. Soc. of New York, Dr. Judson advocated the doctrine that it was essentially an inflammatory affection, and that an inflamed organ or tissue demanded arrest of function in the treatment, if the best results were to be obtained ; that inflammatory conditions were relieved or removed by arrest of function, wherever it could be secured.

The essential feature of the treatment for diseases of joints should, therefore, be fixation.

Prolonged fixation with disuse of a joint would not produce anchylosis, provided the joint itself was free from disease. Of course, it would be followed by stiffness, but that would yield by persistent passive movements, and was entirely different from anchylosis. The anchylosis which followed joint diseases, and was caused by the final products of inflammation, was best prevented by reducing or removing the inflammation, and to do this most effectually arrest of function was essential.

Fixation applied to a joint would, so far as the joint was free from disease, be powerless to add to the ultimate degree of anchylosis, and, so far as the joint was diseased, it would diminish the ultimate anchylosis by arresting the inflammation and preventing an excess of its products.

On these premises thorough fixation was required in the treatment of articular ostitis. Dr. Judson thought it was impossible to establish the statement that motion was required to prevent inflammation.

In the treatment of joint disease, in the lower extremities particularly, another important function must be considered, namely, that of supporting weight and concussion. Protection of the articular surfaces from pressure and concussion was very important, and to accomplish this most certainly, the best method was to convert the affected limb into a pendent member, putting it into very much the same condition, in this respect, as were the upper extremities.

When these indications had been thoroughly met, Dr. Judson believed that the patient had received the highest degree of assistance which surgery could afford.—*Epitome.*

The Third Corpuscle or Blood-Plaque.—Dr. William Osler, of Philadelphia *(Cartwright Lecture*, published April 3, 1886), defines what is called the third blood corpuscle or blood-plaque as a colorless, protoplasmic disc, constant in mammalian blood, measuring from 1.5 to 3.5 micromillimetres. The number per cubic millimetre in the blood of a healthy adult is about 250,000, but their number varies greatly at different periods of life and with varying conditions of health and disease. The ratio to the red is about 1 to 18 or 20. They are delicate elements, and, like the red corpuscles, tend, on the withdrawal of the blood, to adhere to one another, when they form the irregular granular clumps which have long been known as Schultz's granular masses.

The plaque is colorless, with a uniform grayish-white appearance, homogeneous or finely granular, and presents no differentiation in the delicate protoplasm of which it is composed. So far as his observation goes, it is always colorless.

The shape of the normal plaque, as seen in the

vessels, is a circular disk with smooth, well-defined margin. When slightly tilted it has naturally an ovoid appearance, and when seen in profile is a narrow, straight rod or staff. Whether they are flat discs, or biconcave, like red corpuscles, is really not easy to determine.

In the unaltered condition no nucleus can be seen, but in the fluids used to conserve them the appearance is in the form of a collection of distinct granules, which may look like a nucleus. This will sometimes, in dried preparations, stain a deeper color in the hæmatoxylin than the remainder of the plaque, and it is regarded by Hayem as a nucleus.

A majority of observers regard the plaques as independent elements in the blood; others agree with Hayem that they are young red corpuscles—hæmatoblasts.—*The Epitome.*

THE NATURE AND TREATMENT OF PNEUMONIA.—Dr. Stewart Lockie (*Edin. Med. Jour.*,) thinks that the ordinary form of pneumonia is of infective nature, but he does not deny that there may be other forms, as, for instance, gouty pneumonia. Of the infective diseases, erysipelas is the one to which pneumonia has the closest alliance. Both usually occur sporadically, but occasionally in an epidemic form; both have a somewhat similar, more or less definite, duration; both are apt to attack the same individual repeatedly, occasionally many times in succession; both are occasionally complicated with meningitis. Leyden and Koch assert that the micro-organism of pneumonia closely resembles that of erysipelas.

In the treatment of the disease, the writer is opposed to all lowering measures. It may be that cases occur in which excessive dyspnœa and engorgement of the right heart call for moderate blood-letting, but he has never seen a case where he has been tempted to resort to it. The patient should be placed in a pure atmosphere with an equable temperature and supplied with moderate nourishment, not too much, lest we overtax the kidneys, which are probably the main agents in eliminating the poison. For the relief of pain, opium in the form of Dover's powder or by hypodermic injections of morphine, unless there is organic disease of the kidneys, when opiates had better be avoided. The writer advocates the use of hot poultices, and his habit is to give carbonate of ammonia from the start, although he admits that in the early part of the disease its use is empirical, later it is useful in supporting a failing heart. Where the temperature exceeds 103°, he gives quinine, in commencing doses of ten grains at night and five in the morning, increasing the doses if these do not control the temperature. If the stomach rebels, give it hypodermically or per rectum. The writer has seen such good results from quinine that he is inclined to agree with Dr. Burney Yeo in thinking that it is not given often enough, and is inclined in future cases to use it systematically from the first. Failing circulation calls for alcohol and digitalis.

MAMMARY FUNCTIONS OF THE SKIN IN LYING-IN WOMEN.—The breast may be regarded as a highly specialized sebaceous gland, or at least, as a highly specialized cutaneous gland. It may have developed out of the indefinite blastema of the epiblast, either directly or through the intermediary stage of a sebaceous gland. The distinction made by Dr. Creighton at the discussion of Dr. Champney's paper, at the Royal Medical and Chirurgical Society, will, in view of deeper embryological considerations, appear to be of not great importance. For, it is plain that the glandular structures to which he referred must have originated from epiblastic germs, as the sebaceous, sweat, and mammary glands have also done. That a sebaceous gland is also a miniature breast must be regarded as theoretically proven from a chemical stand-point. Milk is a chemical compound in certain proportions of albumen, fat, and sugar, and analysis of sebaceous matter also yields fat and a small proportion of proteid and carbohydrate. Dr. Champney's most careful and detailed description of the "axillary lumps" forms the result of an equally sedulous research, which, so far as is known, is unprecedented, and therefore original in the true sense of the word. The lumps that he described as situate in the axilla may for all practical purposes be regarded as mammæ. Their evolution follows step by step that of the mammary glands in parturient women, and there are some grounds for believing that they may be the seat of similar pathological affections. Further, Dr. John Williams bore testimony to the effect that, like the breast, the axillary lumps may show changes during menstruation.—*London Lancet.*

HEADACHE CURED BY SALICYLATE OF SODIUM.—The action of drugs in megrim and gout is remarkably similar. Trousseau and others have used colchicum with benefit in megrim, and other observers have remarked on the similar curative effects that certain purgatives, as calomel, have in both gout and megrim; and, again, others have used pot. iod. with considerable success; but the great value of salicylate of sodium in some of these headaches is more remarkable still; it seems to me to be most certainly curative and not merely palliative, as it removes the concomitant gastro-intestinal troubles along with the headache. Thus, a dose of brom. pot. and sp. ammon. aromat. will sometimes remove a slight headache, but it will probably return; with salicylate treatment it is quite a different matter, the headache is gone once and for all, and shows no sign of return for a considerable period; its action in this respect is very

similar to that of calomel, and, like calomel, it seems to free the secretions of the mouth, and, at the same time, slightly relaxes the bowels.

The dose of salicylate I use is two to three grains every quarter or half hour for three or four doses or more, as recommended by Dr. Brunton, and begun when the headache first comes on: this is sufficient. A patient might carry dr. i of the powder in his pocket and take a little when a headache threatens, and he would soon learn to judge the proper dose by sight.

And as to diet, from which meat, cheese, beer, wine, and spirits are absent, I will only say that experience has more and more convinced me of its value in such cases.—*London Practitioner.*

Opposition to Theories of Microbial Infection.—At the meeting of the Alabama State Medical Association, held in Anniston on the sixteenth of last month, Dr. B. J. Baldwin reported twenty-five successive extractions of cataract without a failure. In the course of his remarks on these cases he said that he had used no disinfectants, and did not consider them necessary outside of hospital walls. He also said that he had been very much interested, and rather amused, at the scrupulous disinfection of the eyelids and eyeballs, and the hysterical anxiety to have even both eyes deluged in solutions of bichloride of mercury and boracic acid preceding every operation. He did not wish to be understood as denying that disinfection might often do good in the poisoned wards of old hospitals, but he did assert that anything more than cleanliness, in the extraction of cataract, outside of the hospital, was unnecessary and sometimes even harmful.

Then speaking of antisepsis in general, he continued: "I do not believe, furthermore, that there exists in all space a deadly venom ready and anxious to leap into every wound, to hasten the part on to destruction. There is bread that hath no leaven, and air as well without germs. Many of my friends may think this unpardonable heterodoxy, and my German confrères will no doubt stand aghast, but I am confident that they will sooner or later come to the conclusion that the world is not so soaked in bacteria as they at present imagine. It is difficult to conceive that an all wise and ever-merciful Maker would have so filled His universe with these infinitesimal death-worms, and that fresh air and sunshine are simply the danger-house from which they may be signalled when an opportunity to attack a wound arises. Cleanliness embraces all of the virtues of disinfection, and it is the sole element of its success."

These are certainly pretty strong words, but judging from the indications we see about us we may expect now to hear declarations of this sort from many different quarters. The opponents of bacteriological theories are beginning to assert themselves with much more vehemence than they dared to use a short time ago, and, gaining courage as they proceed, they will give the advocates of the new doctrines a task in defending their theories. We are not sorry to see the signs of the approaching struggle, for, true or false, the microbial theories have, we think, been too readily accepted by the mass of the profession upon the authority of a few learned investigators. All the arguments pro and con have not yet been set forth as clearly as they might be; and an animated discussion will do good in establishing the truth or falsity of these latest theories of disease. But the conservatives must remember that talk is not always argument. The bacteriologists allege facts and experimental research as the basis upon which their theories rest, and their opponents must bring forward equally strong facts if they wish to gain the approval of the profession for their cause.—*Med. Record.*

Some Fallacies in Regard to Diet.—1. That there is any nutriment in beef-tea made from extracts. There is none whatever. 2. That gelatine is nutritious. It will not keep a cat alive. Beef-tea and gelatine, however possesses a certain reparative power, we know not what. 3. That an egg is equal to a pound of meat, and that every sick person can eat them. Many, especially those of nervous or bilious temperament, cannot eat them; and to such, eggs are injurious. 4. That because milk is an important article of food, it must be forced upon a patient. Food that a person cannot endure will not cure. 5. That arrow-root is nutritious. It is simply starch and water, useful as a restorative, quickly prepared. 6. That cheese is injurious in all cases. It is, as a rule, contra-indicated, being usually indigestible; but it is concentrated nutriment, and a waste-repairer, and often craved. 7. That the cravings of a patient are whims, and should be denied. The stomach often needs, craves for, and digests articles not laid down in any dietary. Such are, for example. fruit, pickles, jams, cake, ham, or bacon, with fat, cheese, butter, and milk. 8. That an inflexible diet may be marked out, which shall apply to every case. Choice of a given list of articles allowable in a given case must be decided by the opinion of the stomach. The stomach is right, and theory wrong, and the judgment admits no appeal. A diet which would keep a healthy man healthy might kill a sick man; and a diet sufficient to sustain a sick man would not keep a well man alive. Increased quantity of food, especially of liquids, does not mean increased nutriment; rather decrease, since the digestion is overtaxed and weakened. Strive to give the food in as concentrated a form as possible. Consult the patient's stomach in preference to his cravings; and if the stomach rejects a certain article, do not force it.—*Technics.*

A PECULIAR SPUTUM IN HYSTERIA.—Dr. E. Wagner has called attention to a peculiar sputum often observed by him in hysterical patients, the appearance of which might readily excite the suspicion that a phthisical affection is to be dealt with. But in fact it has been observed invariably as coming from subjects (always hysterical) who show no symptomatology by which tuberculosis of the lungs may be confirmed. The sputum is, of course, free from bacilli, is of a hemorrhagic nature, mostly red, but of a lighter red than ordinary bloody sputum, and not in any way resembling ordinary rusty-colored sputum. When examined in a glass it appears like a reddish or brownish-red pulp, in which numerous small gray particles cover the bottom. This sediment is so characteristic that it is easy to make the diagnosis with the naked eye. In one case the sputum for several days, in color and consistence, resembled a raspberry jelly, so that he suspected the development of a sarcoma or carcinoma in the bronchial tubes, under which circumstances it is usual to see this character of sputum. Under the quantities of small red blood-corpuscles, and along with them, frequently, numerous white blood-corpuscles, pavement epithelium, and cocci. Alveolar epithelia from the lungs were not discovered. Sometimes muceus pockets are found embracing pus cells. In every case, upon failure to find signs of disease of the lung or larynx, the author believes he has a right to conclude that the bloody coloring proceeds from small bleeding vessels, that the colorless part of the sputum is a pathological secretion of the mucous membrane, and that probably it all originates in the buccal cavity. The writer reports four cases in which he had observed this sputum for a considerable length of time; in one of which, however, bacilli at length appeared. In all cases an investigation for bacilli is of prime importance with a view to differential diagnosis.—*Deutsche Med. Zeitung.*

BISMUTH SUBNITRATE IN FŒTID PERSPIRATION OF THE FEET.—Vieusse recommends the subnitrate of bismuth in the treatment of fœtid perspiration of the feet, and concludes as follows:—(1) Profuse perspiration of the feet, whether accompanied by pain or fœtidity, is easily cured by the application with slight friction of subnitrate of bismuth upon the diseased parts. (2) In opposition to the opinion generally held, according to which the suppression of exaggerated perspiration may produce numerous accidents of metastasis, observation shows that the cure of this affection has not been followed by unfavourable results, and that if these are observed they should be attributed to other methods of treatment hitherto employed. (3) In the cure of this disease, subnitrate of bismuth appears to exercise a purely local action, rendering the superficial cuticular structures firmer and more resistant. The remedy, perhaps, exerts an action also upon the sudoriparous glands and sebaceous follicles, changing the quality and quantity of their products, and possibly as a result of the changes produced in the part with which it comes in relation, modifies more or less profoundly the capillary circulation. (4) In certain cases the remedy suppresses only temporarily the profuse perspiration of the feet, but causes the fœtid odour, as well as the pain, which is the consequence of the exaggerated secretion, to disappear permanently. *(Rivista Internazonale di Medicina e Chirurgia)*

A YOUNG doctor was recently purchasing a stock of drugs from one of our retail druggists, "I shall want a good supply of calomel," said he, "give me a pound—the dose is a drachm, you know." Posological views of this kind are by no means uncommon, and well it is that the druggist generally bars the way to their being fully carried into practice. Experience, not always purchased at the expense of the young practitioner, and not unfrequently to the benefit of the undertaker, generally rectifies these errors, but this is not always the case. Peculiar opinions as to chemical, pharmacal and therapeutical matters are sometimes held by practioners of more mature practice. One of the best instances we have ever seen is furnished by a correspondent not a hundred miles from — Ont., who sends the original of a prescription received by him last month. It reads as follows:

"℞ Hydrarg. Ch Cor . . . . . ℥ij.
Rhei pl. . . . . ℥ij.
Mur. Ferri. . . . . ℥j.

Into four powders; one taken last thing bed time, one first in the morning until all are taken."

It is hard on the poor druggist to set aside all his notions as to the nature and doses of the ingredients ordered, but to require the unfortunate patient, who has already taken his quietus at bed time, to recommence the powders, "one first in the morning until all are taken," making, in fact, a regular breakfast of it is altogether unreasonable and unnecessarily unkind.—*Canadian Pharm. Journ.*

HEADACHE IN SCHOOL CHILDREN.—Prof. N. J. Bystroff has examined seven thousand four hundred and seventy-eight boys and girls in the St. Petersburg schools, during the last five years, and found headache in eight hundred and sixty-eight; that is, 11.6 per cent. He states that the percentage of headache increases almost in a direct progression with the age of the children, as well as with the number of hours occupied by them for mental labor; thus, while headache occurred in only five per cent. of the children aged eight, it attacked from twenty-eight to forty per cent. of the pupils aged from fourteen to eighteen. The author argues that an essential cause of obstinate headache in school children is the excessive mental

strain enforced by the present educational programme, which leaves out of consideration the peculiarities of the child's nature and the elementary principles of scientific hygiene. The overstrain brings about an increased irritability of the brain, and consecutive disturbances in the cerebral circulation. Professor Bystroff emphatically insists on the imperative necessity for permanently admitting medical men to conferences of school-boards. Of palliative measures, he mentions methodical gymnastics, mild aperients in well-nourished children, steel in the anæmic, bromides, inhalation of oxygen, and, in severe cases, a temporary discontinuance of all studies.—*British Med. Jour.*

Radical Operation for Hernia.—An improved operation for the radical cure of hernia has for some time past been practised by Drs. Svensson and Erdmann, surgeons to the Sabbatsberg Hospital at Stockholm. A ligature is applied to the neck of the hernia, and the sac is cut off below the ligature, the contents being previously examined by means of an incision into the sac and returned; or, if only omental, excised together with the sac. In congenital hernias the upper part of the sac only is removed, and where the large bowel is included in the hernia and adherent to the sac wall, this, after being separated from the surrounding tissue, is returned, together with the large intestine, and the rents of Poupart's ligament united by sutures. The dressing employed is iodoform and boracic acid, the wounds being washed with sublimate solution. Since this has been substituted for carbolic gauze, abscesses which used to occur frequently, have become rare. Of the forty-eight cases thus operated on, none of which were selected, thirty-eight were permanently cured—at least no return of the hernia occurred within six months; and in the cases where a return did take place, which amounted to 20 per cent., the condition was very much less painful and distressing than it had been previous to the operation. The Sabbatsberg Hospital has now been opened six years and a half, and during that time 300 cases of hernia have been admitted, about 200 of these being operated on with the knife; a milder procedure, consisting of alcoholic injections, being employed in most of the earlier cases. Not a single case proved fatal, though some of the hernias were very large, some reaching within three or four inches of the knee.—*Lancet.*

Bright's Disease without Albuminuria.—A subject which, it may be remembered, was brought prominently under notice by the late Dr. Mahomed—viz., the occurrence of renal disease without the symptom of albuminuria—was discussed by M. Dieulafoy at a meeting of the Paris Hospitals' Medical Society on the 11th inst. (*Le Progrès Médical*, No. 25). He described four cases, which exhibited for many weeks, or even months, some of the most marked symptoms of Bright's disease, such as vomiting, oppression, headache, œdema of the ankles, the "bruit de galop," itching, digiti mortui, ocular and auditory derangements, and a new sign termed by M. Dieulafoy cryæsthesia—a sensation of extreme coldness limited to the extremities, especially the lower limbs, or to the knees. In not one of these cases was a trace of albumen found in the urine except during the last days of life. Such cases were contrasted with others of so-called "physiological albuminuria." As a means of diagnosis M. Dieulafoy suggests a test which is obviously inapplicable for clinical purposes. It is founded on Bouchard's observation that normal urine is a toxic agent to such a degree that, injected into a vein of a rabbit's ear, it will produce a fatal result when administered in the proportion of 50 cubic centimetres per kilogramme, whereas a much larger quantity (150 and even 285 cubic centimetres) of the urine of Bright's disease is required to produce the same result.—*Lancet.*

Treatment of Colles' Fracture by a New Method.—This consists in putting up the fracture with the hand extending nearly to a right angle with the arm, and supported by a wire splint. If the forearm is placed on a flat splint so that the fingers are flexed over the end, it will be noticed that the radius does not touch the splint at all, and the ulna only on its upper third. If, however, the hand is lifted until fully extended, the radius will touch the splint at its lower end, the thenar and hypothenar eminences of the hand being lifted out of the way. The flexors act at their best advantage when the hand is thus extended, and regain flexibility and strength rapidly when the splint is removed. When the hand is clenched it moves quite perceptibly to the ulnar side of the arm. In the treatment of this fracture, the flexor muscles should be placed at their best advantage, the extensor muscles should be placed at their greatest disadvantage, and the end of the radius should be brought down upon the splint.

To accomplish these ends it is only necessary to bend a piece of ordinary telegraph wire, first into the shape of an ordinary hair-pin, then bend up sharply about two and a half inches of the closed end, flattening somewhat the top of the bend so that the fingers may rest easily upon it at their articulation with the hand. The ends of the wire are fastened with a strip of tin curved to fit the arm, and with a second strip under the end of the radius

Dr. Keene reported three cases in which his splint fulfilled all the conditions of success, avoiding pain and swelling during treatment, and

preventing subsequent deformity and impaired function of the hand and forearm.—*Boston Med and Surg. Jour.*

WHO GOES FIRST?—A correspondent writes: **Nothing conduces so much to absence of friction** in consultations as a competent knowledge of the proper etiquette which has been handed down to us as the fruit of centuries of close observation. It is not, therefore, a useless task to attempt to define the rules of this etiquette, so that both the ordinary practitioner and the consultant may be made cognizant of the proper course to pursue, in order that the dignity of all the parties may receive the attention it deserves.

In the first place, the ordinary medical attendant should invariably lead the way, and should first enter the sick chamber, and this is a rule that for obvious reasons should admit of no relaxation.

When the interview with the patient is at an end the consultant should leave the room first, and the medical attendant should be the last to leave the room. When there are several consultants they should enter the room as stated above, but in the order in which they have been called into the case, the converse holding good for the exit.

No communication, direct or indirect, by word of mouth or by letter, should ever take place between the consultant or consultants and the friends of the patient or the patient himself, except through the intermediary of the ordinary medical attendant, and any breach of this rule should lay the consultant open to the most serious remonstrance.

The prescription should be written by the medical attendant, who, as a matter of courtesy, should precede his own initials by those of the consultant. This, however, should be done by the medical attendant himself and not by the consultant.

If these rules were duly observed, especially in the country, much of the soreness and disagreeable feeling now so common, would be obviated, and the foundation laid for more cordial relations between the consultant and his brethren in general practice.—*British Med. Jour.*

TREATMENT OF THE HYSTERICAL ATTACK.—Dr. Albert Ruault gives a simple method which he has found very efficacious in controling a hysterical fit. It consists in making firm and constant pressure over the supraorbital nerve at its point of emergence from the supraorbital foramen. The head is held securely between the palms of the hands, while pressure is made over the nerve on each side with the thumbs. The writer says that the patients under this treatment first contract the facial muscles with an expression of pain, cry out, and then make several quick successive inspirations. The breath is held for a few seconds, and then, with a long expiration, the muscles relax and the attack is ended. The pressure of the thumb should now be relaxed, otherwise it may have the opposite effect and excite another convulsion. Pressure over any nerve-trunk at the point where it becomes superficial will have the same effect; but the **supraorbital nerves are chosen because of their convenient situation.**—(*France Medicale.*)

RESEARCHES ON MALARIA.—In the current number of the *Fortschritte der Medicin* there appears a translation from the Italian of some further researches on malaria by Prof. Marchiafava and Dr. Celli. The chief results so far obtained are thus summed up: (1) In the blood of individuals suffering from malaria there may be found in the interior of the red blood-discs minute organisms composed of homogeneous protoplasmic particles which are endowed with lively amœboid movements, and can be distinctly stained. These organisms are only found in the blood in cases of malaria, and are termed plasmodes or hæmoplasmodes of malaria. (2) In the interior of these units reddish or black pigment may be detected, but it is not an essential constituent, being merely derived from the hæmoglobin of the red disc. According as this pigmentation does or does not take place, we have or have not melanæmia. (3) The hæmoplasmodes may be transformed by a process of fission into a group of granules which do not possess amœboid movements. This fission may occur in the pigmented as well as in the non-pigmented plasmodes, and it is most probable that this is the ordinary mode of multiplication within the human organism. Infection may occur as the result of the intravenous injection of malarial blood, as is shown not only by clinical experience, but also by the fact that in the blood of the receiver the hæmoplasmodes may be discovered. The units further increase as infection progresses, and diminish until they disappear as infection ceases, whether naturally or under specific treatment. The authors, in determining some of the latter points, made experiments on a man aged forty-three, who was suffering from paralysis agitans, but who had never had any malarial fever. The blood was taken from a malarial subject during his apyrexial period, and the febrile movement commenced in the receiver the same evening. —(*Lancet.*)

PAINLESS REDUCTION OF SHOULDER-DISLOCATIONS.—Dr. Neil Macleod, of Shanghai, gives the following directions for the reduction of sub-glenoid dislocations without an anæsthetic: "Let the patient lie down on his back on the floor or ground, with the dislocated arm outstretched at right angles to the trunk, and also on the floor. Having told the patient to lie quite still and make no effort, let the surgeon, placing the approximate heel in the

axila, make traction gently and steadily at right angles to the line of the trunk; and, as there may be no jerk or evident intimation of the return of the head of the bone to its place, let him ascertain its position, if necessary, adducting the limb to make sure; if reduction have not take place, let him renew and increase the force of traction, and repeat the examination until he has succeeded or failed, in which latter case nothing has been done to interfere with the application of other methods. It is possible that, in many cases, the heel in the axilla may be unnecessary; but it will serve to steady the scapula, and affords a better counter-extending force than the weight of the patient's body, and thus leaves him free to lie still and make no effort as if to aid."—(*Brit. Med Jour.*)

Diuretic Mixture for Gout. –J. Mortimer Granville, in his recent work on *Gout in its Clinical Aspects*, discards the usual diuretics as irritant, the indication being to "flush" not to stimulate the kidney. For this purpose the most available drugs are ammonium chloride and potassium chlorate. At the same time the decomposition of the sodium urate in the blood may be attempted, and to this end Dr. Granville considers iodine best adapted, exhibiting it with the salts and glycerine, as exemplified in the following formula:

℞ Ammonii chloridi . . . ʒiv,
Potassii chloratis . . . ʒij,
Tinct. iodi . . . . . ℥cxx,
Glycerini . . . . . ʒiss,
Aquæ . . . . . ad ʒxvj. M.

F. Mistura, cujus sumantur cochlearia duo magna quartâ quâque horâ ex aquâ.

Treatment of Acute Tonsilitis. — Dr. John Brown states, in the *British Medical Journal*, that it is a rare event for suppuration to occur in acute tonsilitis, if treated early with the following mixture:

℞. Sodii salicylat., ... ʒ iss.
Pot. bicarb., ... ʒ iss.
Tinct. aconit., ... ℥ 40.
Liq. opii sed., ... ℥ 30.
Sp. chloroform, ... ♁ ii.
Aq ad. . . . . ʒ viii. M.

One ounce to be taken every two or three hours for the first thirty-six hours. The same mixture is his sheet anchor for rheumatic fever.

Summary of Pasteur's Work.—Up to April 14th, Pasteur had inoculated 688 persons, presumably bitten by mad dogs, with only one death. He had also inoculated 19 Russians bitten by a mad wolf. Of these nineteen, three have died from hydrophobia -- about sixteen per cent. The usual per cent. of deaths from the bites of mad wolves is said to be about sixty-seven. Since April 14th, Pasteur has treated other Russians bitten by mad wolves and mad dogs One of the former recently died from the effects of his wounds; one of the latter from hydrophobia, after having been submitted to treatment. This makes in all 720 cases treated, with a total of five deaths from rabies, despite treatment. Pasteur has found that the rabies resulting from wolf bites is the same as that of dogs, and only more dangerous, because the bites of wolves are more numerous and severe. —*Med. Record.*

Local Remedy for Neuralgia.—A mixture of one part of iodoform to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review.*

Acetate of Copper in the Treatment of Scrofula and Tuberculosis.—Luton (*Journal de Méd. de Paris*), has used this drug quite extensively, both externally and internally, and speaks highly of it. In treating old suppurating glands, he uses an ointment containing one part of the neutral acetate to thirty parts of ointment. Rapid healing occurs. He administers to phthisical patients the following dose every evening:

Acetate of copper . . . . 3-20 grain.
Extract opium . . . . . ½ grain.

The dose of copper may be gradually increased to three fourths of a grain.—*N. Y. Med. Jour.*

Catarrhal Headache.—Iodide of potassium is said to quickly relieve the dull headache so often accompanying an ordinary cold in the head. Two grains may be dissolved in a glass full of water, which is to be taken in little sips during half an hour. Dr. Davis recommends this simple remedy, and says he has hardly every known it to fail.

Transplantation of the Tendon of a Dog to Man.—M. Peyrot, at the meeting of the Paris Société de Chirurgie, May 5th, reported a case in which retraction made it impossible to suture the divided ends of the medius. He removed a piece of tendon from a living dog and sewed it to the divided tendon. The result was successful, functionally as well as anatomically.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science Criticism and News.

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TORONTO, AUGUST, 1886.

The LANCET *has the largest circulation of any Medical Journal in Canada.*

ACUPUNCTURE.

The operation of acupuncture for the relief of the pain of chronic rheumatism, lumbago, sciatica, etc., dates back for ages. It was, hundreds of years ago, a stock operation with the Orientals, who often produced wonderful results by it. The Chinese and Japanese prastice it largely to this day, and there is no doubt their success is often marvellous. English and American surgeons have not been able to obtain very favorable results from the operation, or at least the results have been at all times looked upon as being very uncertain. In a majority of properly selected cases the effects are prompt, and the patient is both bewildered and delighted at the relief he has obtained from pain and disability, by so simple means. But owing to the fact that explanation of the cause of cure, when it does occur, is difficult, if not impossible, and that failure is not improbable, it is not much practised by English-speaking surgeons. No doubt there are many practitioners in this country who have never done the operation, or have never seen it done, and yet it is so simple of performance, and the relief so immediate when it is obtained at all, that we think it might be practised more frequently, with profit to a considerable class of patients. That terrible enemy to rest and comfort, sciatica, is unfortunately least amenable to treatment by this method, failure being more frequent than in lumbago or chronic rheumatism, but we have seen a patient with sciatica rise up and look as if he wished to call the operator blessed after five minutes with the needles. The relief here is seldom permanent, usually lasting from a few moments to an hour. It is mostly of service in rheumatism of the muscles, of a chronic character, being contra-indicated when there is much redness, swelling or heat of the affected part. It is perhaps in lumbago that the success of acupuncture is most signal; a patient being relieved at once of all muscular disability and pain, by the introduction of two needles, one on each side of the spine to the depth of an inch or so.

The atrophy, due to impaired nutrition of muscular tissues whose fasciæ and aponeuroses are affected, generally disappears when pain and disability are relieved. Pain is not so often cured as muscular disability. The needles should be flexible, at least two inches long, either round or cutting-edged, and of the size of a medium-sized darning-needle. Indeed the operator may easily improvise capital instruments, by moulding handles of sealing wax, upon half a dozen ordinary darning-needles. The needle is dipped in some antiseptic solution, such as carbolic oil (1 in 40) and then introduced with a rotary motion, deeply into the tissues, even till it touches the bone. The region of greatest disability, pain, or tenderness is chosen for the points of puncture, and the needles are left in from two to ten minutes. Sometimes the effect is magical, the pain ceasing on the introduction of the needles but oftener in successful cases there is a decrease in the symptoms for some minutes, and in entirely successful cases the relief is soon complete.

It is said that when the action of the needles is beneficial, a red areola, from one to two inches in diameter is observed around each point of puncture, and that the appearance of this areola is in direct proportion to the success of the operation. This is not always true, for we have seen cases in which a very considerable amount of improvement took place, with no such areola perceptible. The number of needles need not be limited, for it is believed that the success of their action depends more upon their number than upon the length of time they are left in. In those forms of myalgia left after injury to a joint, relief is very frequently found from acupuncture, though metastasis may occur, and the pain may pass to the similar situation on the opposite side of the body. If there be extensive muscular atrophy, galvano-puncture

sometimes succeeds when acupuncture fails. Though it is in lumbago that acupuncture finds its most successful application, it will prove unsuccessful when high fever accompanies it, or when pain in the back happens to be the first symptom of an attack of acute rheumatism. When the lumbago is accompanied with sciatica or neuralgic pains, the lumbago may be cured, but the sciatica or neuralgia will remain, and when this is cured says Ringer, the lumbago will be found to have returned.

As regards the explanation of the cause of cure, various views have been advanced. Sir Joseph Fayrer suggests that the success may be due to relief of tension caused by accumulation of fluid round the large and small nerve trunks, under the influence of inflammation. He cites a case in which evacuation of a couple of drachms of clear serous fluid from the sheath of the sciatic nerve gave instant relief, and was followed by complete recovery from an aggravated attack of sciatica. He was led to puncture the nerve sheath by making out fluctuation in its course. Mr. Teale, of Leeds, thinks the pain is relieved by increasing the nutrition of the nerves of the part, which is accomplished by a flushing or congestion of the vasa nervorum of the area of pain. The muscular fibres are also wasted from want of proper action, the arteries become lessened in calibre from an insufficient quantity of blood, and from the decreased call for nutrition to the parts at rest. This insufficient supply of blood is remedied by the needle producing a temporary congestion, and increased blood supply.

However the result may be brought about it is certain that many cases now untreated or treated by less successful methods, would benefit by the application of the needle, and we call attention to the subject in the hope that it may receive more attention from members of the profession than it has in the past

FOOD, ITS QUANTITY AND QUALITY.

The connection between life and nutrition is so close and inseparable, that the continuance of the former depends upon the supply of the latter. The variation and form of life, whether animal or vegetable, depends upon the quantity and quality of nutrition with which it is supplied.

We are readily able to judge of the quantity and quality of nourishment supplied to a vegetable that we are caring for and will at once decide whether the supply is normal, insufficient or in excess of the nutrition necessary. Every living organism demands its own peculiar supply designed for it by the laws of nature. When the natural supply is normal in all respects, the life is healthy. The same law holds good in the higher order of life that we observe in the lower. Insufficient alimentation in the vegetable kingdom is followed by consequences which we are not liable to misunderstand. There is loss of health and vigor, a gradual shrinking, and if the process is permitted to go on, death occurs. A great excess of even the natural nutrition tends to the same result. A marked departure in either direction from the normal standard of supply will, with very few exceptions, be followed by a marked departure from the normal standard of life.

In man the effect of over-eating or under-eating is not so observable, owing to the more complex nature, still the same rule doubtless holds good. It is needless to mention that brutes suffer from improper feeding and particularly over-feeding. Excessive alimentation in the human being is followed by the same baneful consequences. Is it not a fact that the generality of people eat too much? Very few eat too little. It is a common-place aphorism, "He eats so much that it makes him poor to carry it." As a rule, a large, lean, cadaverous-looking man, is an immoderate eater, whilst the majority of our robust and healthy are moderate consumers of food, or are what we call small eaters. The reason of this is plain. He who eats more than is demanded by nature, imposes a heavy strain on the organs involved in the process of digestion and elimination. The stomach, for instance, is capable of doing a certain amount of work, hence if overtaxed unduly, the result sooner or later will be imperfect digestion, disordered functions, and gradual loss of vigor and strength. As certain as we overstep the bounds of nature and overtax our stomachs for our palate's sake, we begin to sow the seed of disease. Certainly the stomach is a remarkable organ, and able to resist the assaults of imprudence with wonderful courage, but its power of endurance

will not withstand every imposition heaped upon it, and sooner or later it will succumb to the force of unrelenting overwork.

The physician should be as careful in regard to the treatment of over-fed and under-fed patients, as in the quantity and kind of medicine used in the treatment of a special disease. It is too common an error, when we see patients emaciated, to advise abundance of nourishing food, while probably it is a well-laden table that is at the foundation of the condition sought to be relieved. There is far more danger from over indulgence than under eating. Although we desire to impress the fact that over-eating is common and should be strictly guarded against, we are not unaware of the existence of under-fed or half starved people, but this is by no means as common an evil, and very little disease is traceable thereto.

Quebec Medical Examinations.—The following amendments to the Quebec Medical Act were lately adopted by the College of Physicians and Surgeons of that Province—The Central Board of Examiners shall consist of two examiners on each subject, one English and the other French. The examinations shall be made in the candidate's language, each examiner having the right to examine alternately. The Board of Examiners shall consist of two representatives from each medical school. Examinations shall commence the second Tuesday in April at Montreal or Quebec, as may be decided by a by-law, and shall be written and oral. Preliminary examinations shall be held on the first Wednesday in July, at Quebec and Montreal alternately. The fees are as follows :—For the preliminary examination, $16 ; for the final examination, $10 ; for diploma of membership, $25.

Creosote a Specific in Erysipelas.—A writer n the *St. Louis Med. Jour.* speaks highly of the ralue of creosote in erysipelas. After an expe-ience of forty years, this practitioner has laid aside ll other remedies and uses this one "with uniform uccess." He claims that when injuries, of what-ever kind, are healed with a solution of from six o twenty drops to the ounce of water, erysipelas never occurs. The parts should be kept constant-'y wet with this solution. Ulcers and wounds may be treated with a poultice, made by stirring ground elm into the solution.

The Action of Chlorate of Potash.—After careful experiments with chlorate of potash, Dr. Von Merting has arrived at the following conclusion regarding its action and use: First, the salt should be given after meals; second, quite an interval should occur between the doses; third, it should not be administered in high fever on account of the diminished alkalinity of the blood; fourth, it is contra-indicated in emphysema, dyspnœa, renal disease, etc.

The *Lancet* says that it is found from the careful investigations of Dr. Ablestoff, that hydrochlorate of pilocarpine is not only useless, but often positively harmful in the sweat of phthisical patients. It is useful as an expectorant, but not more so than other remedies whose effects in other respects are not so injurious. Agaracin and homatropin are recommended as the most useful remedies in phthisical sweats.

Calomel and Bromide of Potassium are Incompatible.—It is remarked that calomel is decomposed on the addition of potassium bromide, although more slowly than when the iodide is added. The two drugs, therefore, should not be given closer than five or six hours of each other. The two drugs may in cases of infantile convulsions, be inadvertantly given nearly at the same time.

Turpentine in Old Sinuses.—Cecchini (*Annali Universali di Medicina*) says he has succeeded in closing several anal fistulæ and sinuses by the injection of a few drops of oil of turpentine, with a hypodermic syringe. The drug may be used pure and then with the best results, but the addition of some simple oil or morphia lessens the pain, which is sometimes considerable. He considers the turpentine acts as a simple stimulant, favoring the formation of healthy granulations.

Treatment of Fractured Thigh in Infants.—Surgeons in treating these fractures, should be particularly cautious, should they use extension by means of a weight and pully, to not put on too heavy a weight, as a considerable harm may be done by stretching the ligaments at the knee joint, which is easily done.

To Prevent Mammary Abscess.—Mr. Miall *(Brit. Med. Journal)* says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms rapidly disappear in a few hours, under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and when solution is accomplished the temperature of the fluid will be hardly too high for fomentation to be commenced, with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires to make more than three applications.

Formula for use in Epilepsy.—The following is said *(Med. Press and Circular)* to be beneficial in epilepsy, without producing the bad effects witnessed from the continued use of bromide of potassium.

℞. Ammon. brom. . . . . ʒ iiss.
Syr. Limonis . . . . . ʒ iii.
Aq. . . . . ad ʒ x. M.
S. ʒ ss. four times a day in infusion of valerian.

Temperature of the Mammary Gland During the Puerperium.—Negri gives an abstract of investigations of a number of cases of the above. He finds that the temperature of the gland is higher after delivery than during pregnancy or the non-pregnant state, though usually not so high as the axilla. 98.5 F. was rarely exceeded. The more copious the secretion of milk, the higher was the temperature.

Painful Dentition.—The following is said *(L'Union Medicale)* to be an excellent preparation in painful dentition.

Cocaine hydrochlorate.
Sodium borate, ... *aa.* gr. iv.
Syrup of althæa . . . . . ♏. 64.
Syrup of poppy to make . . . ♏ 100.

A little to be rubbed on the gums several times a day.

Permanent Drainage in Ascites.—Dr. Caillé lately inserted a short drainage tube into the abdomen of a man, who had been tapped nine times, and applied antiseptic dressings. Two or three pints of fluid were at first evacuated, which quantity gradually diminished, with great amelioration of all the symptoms. The patient lived and worked with comfort for nine months, finally dying of heart failure.

Quinine as an Oxytocic. Drs. Coe and Allen find *(Atlanta Med. and Surg. Journal)* that quinine in doses of ten grains and upwards increases the force of the contractions of the uterus during labor, though it has no effect in initiating contractions in the pregnant or non-pregnant uterus.

Snuffs for Coryza.—Rabon *(Deutche Med. Wochen.)* recommends the following powders to be used as snuff in coryza.

1. Menthol, 2 parts; roasted coffee, 50 parts; white sugar, 50 parts; mix, and take as snuff.
2. Cocaine hydrochlorate, 1 part; roasted coffee and white sugar, of each 50 parts; mix, and use as before.

Appointments.—Dr. N. J. Tucker, of Manitowaning, and Dr. N. A. Powell, of Toronto, to be associate coroners for Algoma and York respectively.

Drs. Graham and Teskey have been appointed to the staff of Toronto General Hospital, and Drs. W. H. B. Aikins and J. L. Davison as pathologists.

Personal.—Dr. J. W. Rosebrugh, of Hamilton, sailed last week for Europe. The Doctor goes as a delegate from the Ontario Medical Association to the British Medical Association. He will also attend the annual meeting of the British Gynæcological Society, of which he was recently elected a Fellow.

Beef-tea.—Fothergill stated some time ago that beef-tea is rather a stimulant than a nourishment, and now an article appears in the *Nineteenth Century*, showing that it powerfully retards digestion. This action is said to be due to the organic acids contained in it.

Hyperidrosis of the Feet.—In cases of undue sweating of the feet, accompanied by soreness and whitening of the skin of the sole, a cure may be readily affected by the application, once a day, of equal parts of citrine ointment and ung. aq. rosæ. The feet should be bathed frequently.

LEUCORRHŒA AND FŒTID VAGINAL DISCHARGES.—The following injection is recommended in an exchange: Chlorate of potash, ʒiii; laudanum, ʒii; aqua rhenicæ, ʒx. Two or three tablespoonfuls to a quart of warm water.

URTICARIA AND PRURITUS.—Menthol is said to relieve the itching and cure the disease. In pruritus ani, and in eczema, the parts should be moistened with menthol solution, containing from five to ten grains of menthol to the ounce of water.

DR. F. N. OTIS, of New York, argues in an article before us that there is a positive limitation to the contagious stage of syphilis within three or at furthest four years, with or without treatment. This assertion can not but excite considerable attention.

TO KEEP OFF MOSQUITOES:—

℞ Camph. (pulv.) . . . . ʒi
Spt. Vin. Rect. . . . . ʒi
Ol. Oliv. . . . . ʒi M.

S. Apply to exposed parts.

SORE NIPPLES.—The following will be found useful for sore nipples:

℞. Acidi Sulphurori
Glycerini P. Æ. M.

SIG.—Apply frequently

A WRITER to the *British Medical Journal* reports two cases of symptoms of poisoning from the administration of half tea-spoonfuls of vaseline, given on sugar, for sore throat.

PARALDEHYDE, AN ANTIDOTE TO STRYCHNINE.—Dujardin Beaumetz recommends from 1½ to 2 grains of paraldehyde as an antidote to strychnine.

ANTIDOTE TO COCAINE.—It is said that inhalations of nitrite of amyl will restore to consciousness persons poisoned by cocaine.

ERRATUM.—In Medico's letter, on page 322 of July LANCET, line eight from bottom "No. One's" should read "No. Two's."

SINGLUTUS.—It is said that a pinch or two of "catarrh snuff," will, by inducing immoderate sneezing, cure any case of hiccough.

Will the gentleman who remitted $6 subscription to the LANCET, signed "Morrisburgh," please send his name to the editor.

Notes, Queries and Replies.

Will some one of the correspondents of the CANADA LANCET be good enough to explain why, in the application of the forceps, the lower blade should be introduced first. The text books all say they should be so applied, but why, is a puzzle to me. It has always seemed to me that much that is written on this subject only serves to confuse the novice, and that older practitioners rely on common sense in the adjustment of the forceps, rather than upon fixed rules.

ENQUIRER.

Books and Pamphlets.

BRAIN REST. Second Edition. By J. Leonard Corning, M.D. G. Putnam's Sons, New York. Williamson & Co., Toronto.

This little duodecimo of 135 pages contains some interesting matter on the important subject chosen as its title. The reader must not be alarmed by the formidable caudal appendages to his name, exhibited by the author on the title page, covering eleven lines of small capitals. He will find in the book some very useful hints on sleep and sleeplessness which he may peruse without becoming drowsy. Cerebral hyperæmia and anæmia are treated of with commendable brevity and clearness. The chapter on "*the mechanical regulation of the cerebral circulation*," should be carefully studied. Perhaps the reader may question the efficiency of Dr. Corning's method of lessening blood flow into the brain, by compression of the two common carotids; for as these vessels are not only in close proximity to the internal jugulars, but also are lodged in company with these veins and the pneumogastric nerves, in pretty strong sheaths, it may be questioned whether the carotids can be effectually compressed without the jugulars sharing in the process; and if so, what can be gained by a compression which must obstruct the flow *from* the brain as much as it does the flow *into* it, or indeed move, for the vein is more compressible than the artery.

THE METHODS OF BACTERIAL INVESTIGATION. By Ferdinand Hueppe Translated by M. Biggs, M.D. Illustrated by 31 wood-cuts. New York: D. Appleton & Co.

The subject of bacteria and their intimate con-

nection, whether causally or resultively, with many diseases, have now become of such great interest to the medical profession, that no member of it who desires to maintain a respectable position in its ranks, can afford to remain in the rear of the grand crusade. The book treats of the various forms of bacteria and the medical technique, the culture methods, inoculation processes, general biological problems, special hygienic investigations, and finally: bacteriology as an object of instruction. Under each of the preceding heads the reader will find instruction of great value, conveyed, as usual in all German treatises, with all desirable minuteness of detail, and it is to be hoped that the work will be attentively studied by a large number of patrons. We congratulate Dr. Biggs on his successful re-production of the work in English.

MEDICAL PHYSICS BY DRAPER. Philadelphia: Lea Bros. & Co.

The bare name of the author of this work is an ample guarantee for its excellence and its high utility. By the student who has not had the advantage of a university training, or the benefits of a full course in technology, Prof. Draper's book should be held as altogether indispensable; nor can its contents fail to be appreciated by physicians whose acquaintance with the sciences akin to medicine has been of even exalted order. It deals with *matter* in all its forms, properties and activities. It cannot be regarded as a work profitable to the medical profession alone, for it conveys instruction which is needed by every reputable member of society, but more especially by those engaged in educational work. In truth it fills a blank that has too long existed in the literature of science, and its appearance at this time confers honor on the publishing house which has issued it in such prepossessing form. It is illustrated by no less than 377 finely executed wood-cuts, and it covers in all 733 pages.

A MANUAL OF SURGERY. In Treatises by Various Authors. In three volumes, edited by Frederick Treves, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital. Duodecimos, 1866 pages, 213 engravings. Per volume, cloth, $2. Philadelphia: Lea Brothers & Co., 1886.

These volumes form part of a series of manuals for students of medicine. Their size renders them convenient pocket companions. The editor though a young man, has made a place for himself among the most eminent British surgeons of our day. The work deals with the general principles of operative surgery, but details are omitted except in special operations such as tracheotomy, gastrotomy, ovariotomy, etc. The articles are written by the best known men in Britain, and are admirably adapted for the use of students, while they will also be valuable as short guides to practitioners desirous of getting the latest ideas of surgery as practised in England. We heartily recommend the work to students and practitioners.

A MANUAL OF PRACTICAL THERAPEUTICS. By Edward John Waring, C.I.E., M.D., etc., etc. Edited by Dudley W. Buxten, M.D, B.S., Lond., etc., etc., 4th Ed. Philadelphia: P. Blakiston Son & Co. Toronto: Hart & Co.

This work has been largely re-written and brought up to the present time. The contents are concisely arrayed, many minor articles mentioned in the other editions are omitted, and the principal changes made in the last pharmacopœia are incorporated. New remedies receive due attention, and the amount of labor shown by the author and editor leads the reader to the conclusion that he is getting a digest of the best medical thought of the day, in regard to the action of the various remedies under consideration. The book will be a valuable addition to the library of the practitioner.

ANALYSIS OF THE URINE. By Prof. Hofman, of Gratz, and R. Ultzman, Vienna. Translated by T. Barton Brune, A.M., M.D., and H. Holbrook Coates. New York: D. Appleton & Co. Toronto: Williamson & Co.

The second edition of this classical work on the urine will be welcomed as containing all the latest advances in urinary analysis. All unnecessary matter has been eliminated, and the chemistry is so simple as to be within the comprehension of all. The translators have made a few additions which are practical and therefore useful.

Births, Marriages and Deaths.

At Ingersoll, on July 14th, J. McWilliam, M.D., to Jessie B., eldest daughter of the late G. B. Petrie Esq., Thamesford.

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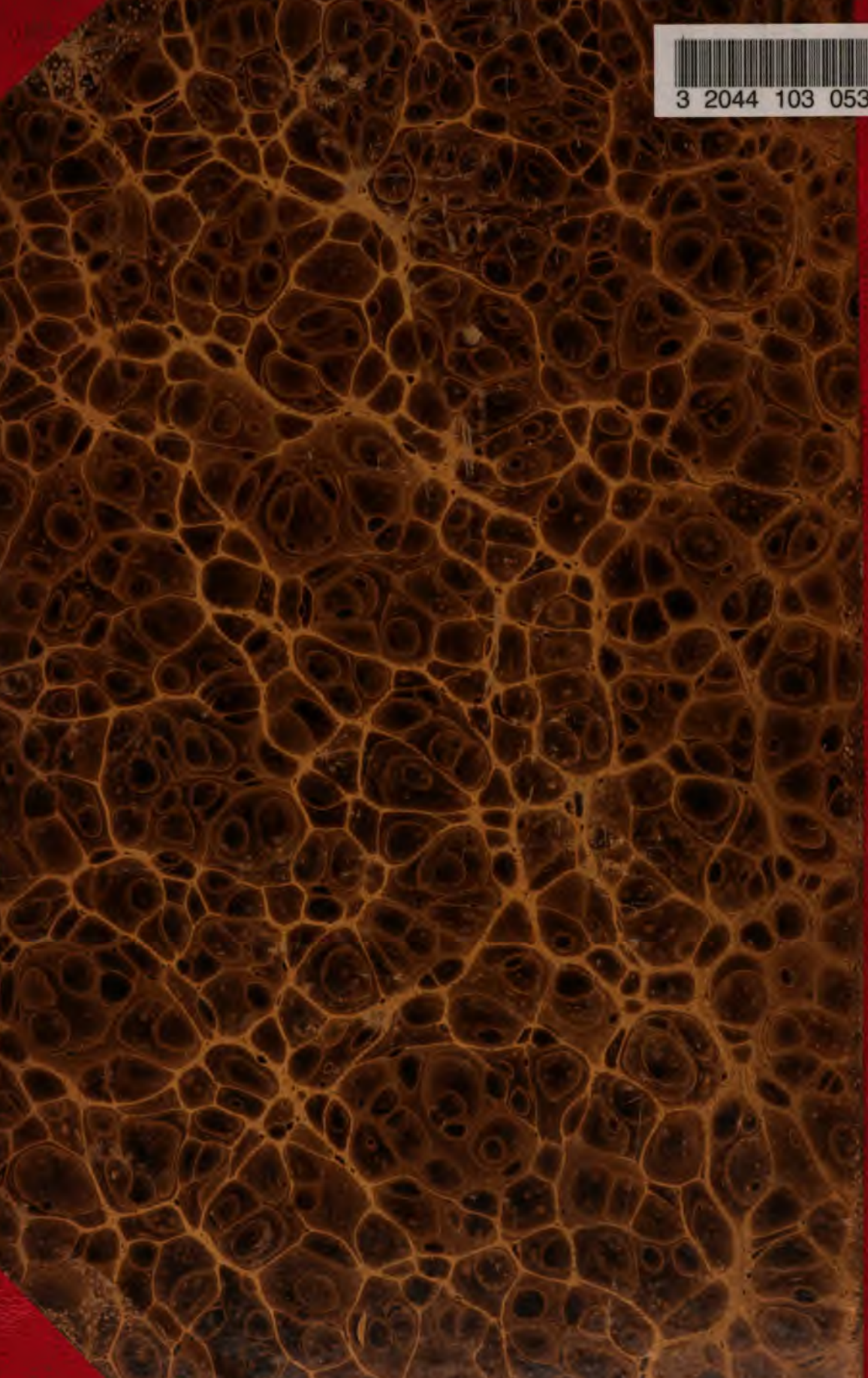
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